State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number: /

Filing at a Glance

Company: MVP Health Plan, Inc. Product Name: VT Small Group 2023

State: VermontGMCB

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003G Small Group Only - Other

Filing Type: GMCB Rate
Date Submitted: 05/06/2022

SERFF Tr Num: MVPH-133238198

SERFF Status: Assigned

State Tr Num: State Status: Co Tr Num:

Effective 01/01/2023

Date Requested:

Author(s): Christopher Pontiff, Julia Dorr

Reviewer(s): Laura Beliveau (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael Barber

Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small

Group Market Type: Employer, Other Explanation for Other Group Market Type: Individual

Overall Rate Impact: 16.61% Filing Status Changed: 05/06/2022

State Status Changed:

Deemer Date: Created By: Julia Dorr

Submitted By: Julia Dorr Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Plans are proposed to be sold on the state of Vermont's

exchange.

Filing Description:

These rates are for Small Group members purchasing coverage through the VT Exchange (or ACA-compliant plans directly from MVP) effective January 1, 2023.

Company and Contact

Filing Contact Information

Christopher Pontiff, CPontiff@mvphealthcare.com

625 State Street 518-386-7696 [Phone]

Schenectady, NY 12305

Filing Company Information

MVP Health Plan, Inc.CoCode: 95521State of Domicile: New York625 State StreetGroup Code: 1198Company Type: HealthSchenectady, NY 12305Group Name:Maintenance Organization

(518) 388-2469 ext. [Phone] FEIN Number: 14-1640868 State ID Number:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number: /

Filing Fees

State Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: MVPH-133238198 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 0.830%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF

Filing Method of Last Filing: SERFF

SERFF Tracking Number of Last Filing: MVPH-132824927

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Premium for	Change	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	16.610%	16.610%	\$24,057,567	12,538	\$144,863,121	19.800%	8.940%

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: MVP Health Plan, Inc.

HHS Issuer Id: 77566

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
VT Small Group HMO	77566VT005		20900

Trend Factors:

FORMS:

New Policy Forms: Affected Forms:

Other Affected Forms: VT EXCHANGE COC

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 250,800
Benefit Change: Increase

Percent Change Requested: Min: 8.94 Max: 19.8 Avg: 16.61

PRIOR RATE:

Total Earned Premium: 144,863,121.00
Total Incurred Claims: 132,329,124.00

Annual \$: Min: 506.73 Max: 810.54 Avg: 577.60

REQUESTED RATE:

Projected Earned Premium: 168,920,688.00 Projected Incurred Claims: 154,236,207.00

Annual \$: Min: 567.54 Max: 956.17 Avg: 673.53

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number: /

URRT

State Determination

Review Status: Incomplete

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number: /

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	Unified-Rate-Review-VT-Small-2023_20220505161914.xml
Actuarial Memorandum - Redacted	2023-Federal-Act-Memo-Vermont-Exchange-Small-Redacted.pdf
Consumer Justification Narrative	Consumer_Disclosure_Form_2023_VT_Exchange_Small.pdf
Other Supporting Documents	Unified-Rate-Review-VT-Small-2023.pdf

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number:

Attachment Unified-Rate-Review-VT-Small-2023_20220505161914.xml is not a PDF document and cannot be reproduced here.



Contact Information

Company Identifying

Information

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

Primary Contact Information

Contact Name: Christopher Pontiff, ASA, MAAA

Contact Title: Senior Leader, Commercial Market Actuary

Primary Contact Phone #: 1-800-777-4793, ext. 17696

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: Cpontiff@mvphealthcare.com

ACTUARIAL MEMORANDUM

2023 Vermont Small Group Exchange Filing

General Information

This memorandum details the methods and assumptions underlying the proposed 2023 premium rates for the State of Vermont's small group ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2023 and 12/31/2023. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 16.6%, with increases ranging from 8.9% to 19.8%.

Drivers of Rate Increase

The proposed premium rates reflect an increase over the prior rates due to single risk pool experience which is more adverse than assumed in the current rates, medical and pharmacy cost and utilization inflation, and an increase to contribution to reserve assumptions. Premium rate increases are varying by plan due to benefit modifications of several benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

Market/Benefits

All benefit plans included in this rate filing are available to small employer groups. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit, and the experience period data reflects this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing contain two benefits in excess of the EHBs: a wellness benefit and an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit is filed as a mandatory rider, form: FRVT366.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 1,445 policyholders, 12,538 subscribers and 20,900 members based on February 2022 membership.

Experience Period Premium and Claims (Worksheet 1, Section 1 of Unified Rate Review Template)

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. small group data for Vermont members over the time period 1/1/2021 - 12/31/2021, completed through 3/31/2022.

MVP does not project to rebate consumers for 2021 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups over the experience period.

Allowed claim data includes claims from our fee for service (FFS) claim warehouses (medical and pharmacy) along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

The Risk adjustment reflected in the experience period is for the merged market and includes High Cost Risk Pool recoveries per the URRT instructions.

A summary of experience period claims processed through MVP's claim system, experience period costs not processed through MVP's claims system, as well as an estimate of IBNR are summarized below for the claims shown in Worksheet I, Section I of the URRT.

	Allowed	Incurred
Claims Processed Through Claim System	\$155,306,903	\$128,339,586
Experience Period Costs Not Processed Through Claims System	\$3,338,440	\$3,338,440
IBNR	\$3,607,216	\$2,980,699
Total	\$162,252,558	\$134,658,724

Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, ICD-10, Diagnosis Code, or HCPCS). The "Other Medical" category includes pediatric dental claims. The "Capitation" category includes capitated payments as well as all other claims not processed through MVP's claim warehouses.

Medical Trend Factors

The assumed unit cost trends reflect known and assumed price increases from MVP's provider network, weighted by benefit category. The Capitation unit cost trend reflects the expected change between the capitated and non-FFS claim expense between the experience period and the projection period.

MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years and COVID-19, the utilization trends produced by the model were not considered reliable. However, the regulatory actuary in the 2020 rate filing performed an analysis that found that "a reasonable range for market wide utilization trend to be 1% to 4%". Therefore, MVP is building in a 1% annual medical utilization trend in this filing.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are provided by MVP's PBM and were determined using MVP specific data over the experience period by drug class. The forecast provided by MVP's PBM accounts for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

<u>Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)</u>

MVP is assuming that the small group market risk pool membership base of 260,811 member months in the experience period is fully credible for rating purposes. Therefore, the applied credibility percentage is 100.00% (0.00% weight on credibility manual).

Projection Factors (Worksheet 1, Section 2 of Unified Rate Review Template)

Morbidity Adjustment- Impact of COVID Services

MVP analyzed the total expense in the experience period associated with COVID treatment, visits, and testing. After consultation with MVP's medical team, we decided to assume a 30% reduction in Covid cost in the projection period, This factor is decreasing the experience period allowed claim cost by 0.8%.

Morbidity Adjustment- Impact of COVID Vaccines

MVP is using the CMS projection of 2023 vaccines as 52% utilization, 1.4 shots per member and \$104 per shot which represents an increase over our 2021 experience due to mass vaccination sites and having to pay the ingredient cost in 2023. The factor is increasing the experience period allowed claim cost by 0.6%.

Other- Impact of High Cost Claimant in 2021 Above National Threshold

MVP is expecting a recovery for a member with incurred claims in the experience period above the national threshold. This factor is decreasing the experience period allowed claim cost by 0.4%.

Other- National High Cost Reinsurance Pool (HCRP) Charge

In the 2022 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to small group market issuers in 2023 will be 0.64%.

Other- Paid to Allowed Ratio Normalization

The actual paid to allowed ratio during the experience period and the assumed paid to allowed ratio used for pricing differ. The actual paid to allowed ratio (including assumed payments for cost sharing reductions) for the experience period is different than the pricing paid to allowed ratio produced by MVP's internal benefit relativity model. Because MVP prices using net claim expense instead of allowed claims, the allowed claims in the URRT need to be adjusted for the difference in the paid to allowed ratios to develop an equivalent Market Adjusted Index Rate. The total of this adjustment is -0.7%.

Reinsurance (Worksheet 1, Section 2)

MVP is reflecting \$0.00 PMPM in reinsurance recoveries during the projection period.

Federal Risk Adjustment Program (Worksheet 1, Section 2)

Based on the Interim Risk Transfer results for 2021 provided by CMS rerun for the unmerged market by L&E, MVP is expected to pay \$7,800,000 into the small group market transfer pool for 2021. This is \$29.91 on a PMPM basis or 5.8% of experience period claims prior to market-wide adjustments.

The URRT instructions state that the projected risk adjustment PMPM on Worksheet 1 is to be calculated on an allowed basis. Therefore, MVP has taken the projected risk adjustment PMPM on a net basis and divided by the projection period paid to allowed ratio to come up with the value shown (\$40.62 PMPM).

Exchange User Fees (Worksheet 1, Section 2)

Vermont's Exchange is not a Federally-Facilitated Exchange, therefore 0.00% of premium is built in to account for user fees during the projection period.

Market-Wide Adjusted Index Rate

The experience period index rate of \$622.11 is equal to the small group market allowed claim data for the time period, 1/1/2021 - 12/31/2021, completed through 3/31/2022.

The actual market adjusted index rate for the projection period equals \$741.93. However, due to the rounding of factors present in the URRT, the value in the file reflects \$741.50. This value was computed by adjusting the projection period index rate for the federal risk adjustment program, reinsurance and marketplace user fees. Please see above for details on the computation of the projected value of the risk adjustment program.

Actuarial Values and Cost Sharing Design of Plan (Worksheet 2, Section 3)

The AV Metal Level for each plan was determined using the Federally prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard Gold 3 and non-Standard Silver 2 plans. The actuarial certification of these adjustments has been included.

The Benefit Actuarial Value for each plan was determined using MVP's in-house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect any induced utilization in the projection of the net paid amounts for each unique benefit plan.

The induced utilization factors used to set premium rates and compute the average in-force induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum.

Provider Network Adjustment (Worksheet 2, Section 3)

MVP only offers one provider network for its Vermont plans; therefore, no plan-level adjustment is necessary.

Benefits in Addition to EHB (Worksheet 2, Section 3)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366) and a \$500 acupuncture allowance. The wellness benefit provides subscribers with up to \$600 in wellness rewards per year, subject to certain guidelines. The cost of this benefit is included in the experience period claims. MVP's 2019 acupuncture claims for our New York members were studied and used to derive the \$0.52 PMPM additional cost for this additional benefit.

Non-Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non-Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below:

Federal Taxes PMPM based

A total of \$0.43 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.20 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.23 PMPM for the Patient Centered Outcome Research Fee.

State Taxes PMPM Based

\$1.34 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc., and the Office of the Health Care Advocate. This is found by using the best available

information about the market-wide cost of each of the programs and then accounting for MVP's growth in market share from 2021 to 2023.

State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$9.70 per covered child and \$1.64 per covered adult for 2023, followed by an estimate of \$11.23 per covered child and \$1.86 per covered adult for 2024. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs were determined for each year and given an equal weight, resulting in \$3.00 PMPM. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.44%.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$43.56 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI).

Based on an analysis of MVP's historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.61 PMPM of the \$43.56 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2019, 2020, and 2021 SHCEs compared to the available admin expense built into the rates for the same time period. MVP's proposed administrative expense represents a decrease over 2021 actual admin.

Combined VT AR42 and AR44	Year	Exchange Available Admin PMPM	SHCE Admin PMPM*
Individual	2019	N/A	\$41.04
Small Group	2019	N/A	\$38.84
Combined	2019	\$39.80	\$39.86
Individual	2020	N/A	\$35.40
Small Group	2020	N/A	\$33.65
Combined	2020	\$42.00	\$34.40
Individual	2021	N/A	\$51.71
Small Group	2021	N/A	\$44.49
Combined	2021	\$43.75	\$47.44

^{*}Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

Contribution to Reserves/Risk Charge

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2023. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense

A plan level adjustment equal to 0.10% of premium was added to account for non-payment of premium risk.

Age/Geographic/Tobacco Calibration (Worksheet 2, Section 3)

Per Vermont stating rating rules, variation in rates due to tobacco and age are not allowed. Therefore, all calibration factors are 1. Additionally, there is only 1 rating region in Vermont, so the geography calibration is also 1.

Consumer Adjusted Premium Rates

The Calibrated Plan Adjusted Index Rate PMPMs are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios. Please note that due to the rounding present in the URRT template, actual Plan Adjusted Index Rate PMPMs may vary from the URRT to the actual rates as filed.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2022. The SCF = weighted average contract size / weighted average load ratio.

Projection Period Membership

MVP's projection period membership equals the February 2022 enrollment of the population eligible to purchase these products, or 20,900 members. On Worksheet 2 of the URRT, members are mapped based on their February 2022 benefit to the same benefits for 2023.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 91.3%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.3%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2023:

Target Loss Ratio for 2023 VT Exchange							
A) Claims Expense	\$622.20						
B) Taxes/Assessments	\$4.77						
C) Quality Improvement	\$2.61						
D) Premium	\$681.44						
E) Traditional Loss Ratio	91.3%						
= A) / D)							
F) Federal Loss Ratio	92.3%						
= [A) + C)] / [D) - B)]							

Actuarial Certification

I, Christopher Pontiff, am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be shown in Worksheet 2 of the Part I Unified Rate Review template for all the plans. The EHB portion of premium reflected in Worksheet 2, Sections 3 and 4 was calculated in accordance with actuarial standards of practice.

The URRT does not demonstrate the process that was used to develop premium rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases and for certification that the Index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#45, and ASOP#50.

Christopher Pontiff, ASA, MAAA

<u>05/06/2022</u> Date

Senior Leader, Commercial Market Actuary

MVP Health Care, Inc.



Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2023 ACA Small Group Exchange Rate Filing

About Us

MVP Health Plan, Inc. is a non-profit health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

Why We Are Changing Our Premiums

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2023 Small Group Exchange rates for effective dates of coverage between January 1, 2023 and December 31, 2023. The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time. Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

- -Increases in base period experience. Premium rates are increasing by **15.3**% because our estimate of 2022 claims are higher than expected compared to the previous year.
- -Increases in cost and utilization of services. The cost and utilization of medical and pharmacy services generally increase over time. Premium rates are increasing by 7.4% because of this estimated trend in 2023.
- -Impact of the Federal Risk Adjustment Program. The federal risk adjustment program seeks to "level the playing field" among insurers. MVP has enrolled a population of higher-risk members, so it will receive money from the program, decreasing premium rates by approximately 5.0%.
- -Impact of the COVID-19 pandemic. MVP is assuming that cost and utilization of services related to COVID-19 will decrease in 2023. This decreases the premium rate by 1.2%.
- -Changes in the cost of doing business. As the cost of doing business rises over time, MVP must collect a portion of the premium revenue to protect consumers by ensuring its solvency. MVP aligned its administrative costs with the expected cost of the small group market. These changes are worth approximately **0.4%** of a premium increase.

Conclusion

The proposed rates reflect an average rate adjustment to prior rates of 16.6%, ranging from 8.9% to 19.8%. There are 1,445 policyholders, 12,538 subscribers and 20,900 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 9th. For information about providing public comment, please visit https://ratereview.vermont.gov/public_comment

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Company Legal Name:	MVP Health Plan, Inc.						State:	VT	To v	alidate, select	t the Vali	date butto	or Ctrl + S	hift + I.			
HIOS Issuer ID:	77566						Market:	Small Group	To fi	nalize, select i	the Final	ze button	or Ctrl + Shi	ft + F.			
Effective Date of Rate Change(s):	1/1/2023																
Effective Date of Rate Change(s).	1/1/2023																
Market Level Calculations (Same for a	all Plans)																
Section I: Experience Period Data																	
Experience Period:	1	1/1/2021	to	12/31/2021													
Experience renou.	!	1/1/2021	<u>Total</u>	PMPM													
Allowed Claims			\$162,252,557.92	\$622.11													
Reinsurance			\$0.00	\$0.00													
Incurred Claims in Experience Period			\$134,658,723.77	\$516.31													
Risk Adjustment			-\$14,346,975.01	-\$55.01													
Experience Period Premium			\$148,078,966.93	\$567.76													
Experience Period Member Months			260,811	\$307.70													
,			200,011														
Section II: Projections																	
		Year 1 T	end	Year 2	Trend		7										
	Experience Period Index					Trended EHB Allowed Claims											
Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM											
Inpatient Hospital	\$104.26	1.062	1.010	1.057	1.010	\$119.3	19										
Outpatient Hospital	\$264.66	1.058	1.010	1.052	1.010	\$300.4	19										
Professional	\$161.19	1.037	1.010	1.028	1.010	\$175.2											
Other Medical	\$1.80	1.000	1.010	1.000	1.010	\$1.8											
Capitation	\$12.80	1.017	1.000	1.017	1.000	\$13.2											
Prescription Drug	<u>\$77.40</u>	1.082	1.027	1.082	1.027	<u>\$95.5</u>											
Total	\$622.11					\$705.8	12										
Morbidity Adjustment				0.998													
Demographic Shift				1.000													
Plan Design Changes				1.000													
Other	- DAADAA 6	4 /c /2022		0.995													
Adjusted Trended EHB Allowed Claims	S PIVIPIVI TOF	1/1/2023		\$700.88													
Manual EHB Allowed Claims PMPM				\$0.00													
Applied Credibility %				100.00%													
Applied Credibility 76				100.00%													
					Projected Period Totals												
Projected Index Rate for		1/1/2023		\$700.88	\$175,780,704.00												
Reinsurance		1,1,2023		\$0.00	\$0.00												
Risk Adjustment Payment/Charge				-\$40.62	-\$10,187,496.00												
Exchange User Fees				0.00%	-\$10,187,498.00 \$0.00												
Market Adjusted Index Rate				\$741.50	\$185,968,200.00												
			-	7742.50	+===,==3,=00100												
Projected Member Months				250,800													
Information Not Releasable to the Pr	ublic Unless Authorized by Law	: This information has not been publi	ally disclosed and may be priviled	ed and confidential. It is for internal	government use only and must not	he disseminated distributed or	r conied to n	ersons not authori	ized to re	reive the info	rmation	Unauthor	zed disclos	ire may rec	It in prosecu	tion	
oation not necessable to the Fi	aone oniess Authorized by LdW	ormation has not been publi	on, oracioaca and may be privileg		xtent of the law.	oc asseminacea, aistributea, or	copied to p	c. Jonis not authori	to 16	cove the illio	acioII.	Silautilli	LCG GIBCIUSI	are may res	prosecu		
				to the full e.	Access of the law.												

Product-Plan Data Collection

MVP Health Plan, Inc.

77566 1/1/2023

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

State:

Market:

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q. To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Effective Date of Rate Change(s): Product/Plan Level Calculations

Company Legal Name:

HIOS Issuer ID:

Field # Section I: General Product and Plan Information 1.1 Product Name 1.2 Product ID 1.3 Plan Name 1.4 Plan ID (Standard Component ID) II (2023) S (2023) 001-S (2023) 002-N (2023) 003-N (2023) S (2023) 004-S (2023) 002-N (2023) S (2023) 003-S (2023) 77566VT0050001 77566VT0050002 77566VT0050004 77566VT0050003 77566VT0050005 77566VT0050005 77566VT0050007 77560VT0050007 77560VT0050007 77560VT0050007 77566VT0050007 77560VT0050007 77560V 77566VT0050025 77566VT0050026 77566VT0050011 Bronze Bronze Bronze 1.5 Metal 1.6 AV Metal Value 1.7 Plan Category 0.819 0.717 0.719 0.719 0.630 0.626 0.644 0.789 1.8 Plan Type 1.9 Exchange Plan? 1.10 Effective Date of Proposed Rates 1.11 Cumulative Rate Change % (over 12 mos prior)
1.12 Product Rate Increase %
1.13 Submission Level Rate Increase % 16.60%

	_																		
Worksheet 1 Totals	Section II: Experience Period and Current Plan Leve	el Information																	
	2.1 Plan ID (Standard Component ID)	Total	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
\$162,252,558	2.2 Allowed Claims	\$162,252,558	\$35,791,334	\$23,427,905	\$3,168,307	\$51,680,338	\$0	\$40,018	\$0	\$96,508	\$9,369,823	\$10,202,169	\$3,295,652	\$6,829,595	\$4,658,885	\$11,030,555	\$390,036	\$734,385	\$1,537,049
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$27,593,834	\$2,304,413	\$3,838,723	\$415,830	\$8,662,321	\$0	\$11,203	\$0	\$25,121	\$2,154,363	\$2,263,909	\$674,156	\$1,578,586	\$1,726,170	\$3,405,152	\$149,938	\$98,494	\$285,453
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$134,658,724	2.6 Incurred Claims	\$134,658,724	\$33,486,920	\$19,589,182	\$2,752,476	\$43,018,017	\$0	\$28,815	\$0	\$71,387	\$7,215,459	\$7,938,261	\$2,621,496	\$5,251,009	\$2,932,714	\$7,625,403	\$240,098	\$635,891	\$1,251,595
-\$14,346,975	2.7 Risk Adjustment Transfer Amount	-\$14,346,975	\$4,936,658	-\$3,691,694	\$150,898	\$561,992	\$0	-\$35,431	\$0	-\$52,114	-\$3,670,431	-\$2,589,561	-\$1,096,044	-\$3,338,064	-\$1,261,318	-\$3,679,688	-\$350,934	-\$324,739	\$93,495
\$148,078,967	2.8 Premium	\$148,078,967	\$28,515,260	\$24,022,278	\$2,514,904	\$42,401,792	\$0	\$69,334	\$0	\$105,508	\$10,142,913	\$9,210,125	\$2,964,554	\$8,466,067	\$5,716,693	\$11,639,251	\$656,669	\$614,584	\$1,039,034
260,811	2.9 Experience Period Member Months	260,811	40,880	40,675	4,009	72,114	. 0	104	0	173	18,928	18,435	5,689	15,892	12,426	26,402	1,397	1,289	2,398
	2.10 Current Enrollment	20,900	3,286	3,542	407	5,387	0	25	0	51	1,418	1,451	624	1,402	901	2,014	87	111	1 194
	2.11 Current Premium PMPM	\$577.61	\$717.72	\$588.85	\$636.56	\$594.18	\$0.00	\$561.70	\$0.00	\$560.47	\$553.35	\$513.90	\$522.95	\$536.42	\$474.29	\$449.22	\$485.72	\$493.38	\$450.91
	2.12 Loss Ratio	100.69%	100.10%	96.35%	103.25%	100.13%	#DIV/0!	84.99%	#DIV/0!	133.70%	111.48%	119.90%	140.30%	102.40%	65.82%	95.80%	78.53%	219.39%	110.51%
	Per Member Per Month	•										•				-		•	
	2.13 Allowed Claims	\$622.11	\$875.52	\$575.98	\$790.30	\$716.65	#DIV/0!	\$384.79	#DIV/0!	\$557.85	\$495.02	\$553.41	\$579.30	\$429.75	\$374.93	\$417.79	\$279.20	\$569.73	\$640.97
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$105.80	\$56.37	\$94.38	\$103.72	\$120.12	#DIV/0!	\$107.72	#DIV/0!	\$145.21	\$113.82	\$122.80	\$118.50	\$99.33	\$138.92	\$128.97	\$107.33	\$76.41	\$119.04
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$516.31	\$819.15	\$481.60	\$686.57	\$596.53	#DIV/0!	\$277.07	#DIV/0!	\$412.64	\$381.21	\$430.61	\$460.80	\$330.42	\$236.01	\$288.82	\$171.87	\$493.32	\$521.93
	2.18 Risk Adjustment Transfer Amount	-\$55.01	\$120.76	-\$90.76	\$37.64	\$7.79	#DIV/0!	-\$340.69	#DIV/0!	-\$301.24	-\$193.92	-\$140.47	-\$192.66	-\$210.05	-\$101.51	-\$139.37	-\$251.21	-\$251.93	\$38.99
	2.19 Premium	\$567.76	\$697.54	\$500.50	\$627.31	\$597.09	#DIV/OI	\$666.68	#DIV/01	\$600.87	\$535.87	03 0012	\$521.10	\$532.73	\$460.06	\$440.85	\$470.06	\$476.70	\$433.70

Section III: Plan Adjustment Factors																		
3.1 Plan ID (Standard Component ID)		77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
3.2 Market Adjusted Index Rate										\$741.50								
3.3 AV and Cost Sharing Design of Plan		1.0586	0.8642	0.9123	0.8967	0.7122	0.7256	0.7299	0.7053	0.7122	0.7256	0.7289	0.7052	0.6052	0.6162	0.6364	0.6087	0.6028
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0008	1.0008	1.0000	1.0000	1.0010	1.0010	1.0000	1.0000	1.0010	1.0010	1.0000	1.0000	1.0000	1.0012	1.0012
Administrative Costs																		
3.6 Administrative Expense		5.14%	6.22%	5.90%	6.00%	7.44%	7.31%	7.26%	7.50%	7.44%	7.31%	7.27%	7.50%	8.63%	8.49%	8.25%	8.58%	8.65%
3.7 Taxes and Fees		0.65%	0.69%	0.68%	0.68%	0.74%	0.74%	0.74%	0.75%	0.74%	0.74%	0.74%	0.75%	0.79%	0.79%	0.78%	0.79%	0.79%
3.8 Profit & Risk Load		1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$847.59	\$700.41	\$737.32	\$725.51	\$585.34	\$595.50	\$599.29	\$580.70	\$585.34	\$595.50	\$598.54	\$580.62	\$504.33	\$512.69	\$528.02	\$507.57	\$503.05
3.11 Age Calibration Factor	1.0000									1.0000								
3.12 Geographic Calibration Factor	1.0000									1.0000								
3.13 Tobacco Calibration Factor	1.0000									1.0000								
3.14 Calibrated Plan Adjusted Index Rate		\$847.59	\$700.41	\$737.32	\$725.51	\$585.34	\$595.50	\$599.29	\$580.70	\$585.34	\$595.50	\$598.54	\$580.62	\$504.33	\$512.69	\$528.02	\$507.57	\$503.05

Section IV: Projected Plan Level Information																		
4.1 Plan ID (Standard Component ID)	Total	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
4.2 Allowed Claims	\$188,573,307	\$31,802,186	\$32,268,979	\$3,779,009	\$49,715,658	\$0	\$217,150	\$0	\$440,720	\$12,271,938	\$12,603,363	\$5,427,288	\$12,115,158	\$7,594,014	\$17,027,813	\$739,564	\$936,495	\$1,633,973
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$42,745,431	\$2,528,274	\$6,508,653	\$654,146	\$9,063,165	\$0	\$64,493	\$0	\$137,989	\$3,772,394	\$3,743,199	\$1,599,422	\$3,794,467	\$3,004,951	\$6,582,952	\$273,639	\$367,855	\$649,831
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$145,827,876	\$29,273,913	\$25,760,326	\$3,124,862	\$40,652,494	\$0	\$152,656	\$0	\$302,730	\$8,499,544	\$8,860,164	\$3,827,866	\$8,320,690	\$4,589,063	\$10,444,860	\$465,925	\$568,640	\$984,142
4.7 Risk Adjustment Transfer Amount	-\$8,446,964	-\$1,695,668	-\$1,492,146	-\$181,005	-\$2,354,764	\$0	-\$8,842	\$0	-\$17,535	-\$492,329	-\$513,218	-\$221,726	-\$481,969	-\$265,818	-\$605,010	-\$26,988	-\$32,938	-\$57,006
4.8 Premium	\$169,146,979	\$33,439,475	\$29,787,134	\$3,603,341	\$46,928,989	\$0	\$178,746	\$0	\$355,584	\$9,966,648	\$10,374,428	\$4,484,453	\$9,773,538	\$5,456,374	\$12,398,505	\$551,496	\$676,459	\$1,171,808
4.9 Projected Member Months	250,800	39,432	42,504	4,884	64,644	0	300	0	612	17,016	17,412	7,488	16,824	10,812	24,168	1,044	1,332	2,328
4.10 Loss Ratio	90.75%	92.22%	91.04%	91.31%	91.20%	#DIV/0!	89.85%	#DIV/0!	89.55%	89.71%	89.85%	89.80%	89.55%	88.41%	88.56%	88.83%	88.36%	88.28%
Per Member Per Month																		
4.11 Allowed Claims	\$751.89	\$806.51	\$759.20	\$773.75	\$769.07	#DIV/0!	\$723.83	#DIV/0!	\$720.13	\$721.20	\$723.83	\$724.80	\$720.11	\$702.37	\$704.56	\$708.39	\$703.07	\$701.88
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$170.44	\$64.12	\$153.13	\$133.94	\$140.20	#DIV/0!	\$214.98	#DIV/0!	\$225.47	\$221.70	\$214.98	\$213.60	\$225.54	\$277.93	\$272.38	\$262.11	\$276.17	\$279.14
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$581.45	\$742.39	\$606.07	\$639.82		#DIV/0!	\$508.85	#DIV/0!	\$494.66	\$499.50	\$508.85	\$511.20	\$494.57	\$424.44	\$432.18	\$446.29	\$426.91	\$422.74
4.16 Risk Adjustment Transfer Amount	-\$33.68	-\$43.00	-\$35.11	-\$37.06	-\$36.43	#DIV/0!	-\$29.47	#DIV/0!	-\$28.65	-\$28.93	-\$29.47	-\$29.61	-\$28.65	-\$24.59		-\$25.85	-\$24.73	-\$24.49
4.17 Premium	\$674.43	\$848.03	\$700.81	\$737.78	\$725.96	#DIV/0!	\$595.82	#DIV/0!	\$581.02	\$585.72	\$595.82	\$598.89	\$580.93	\$504.66	\$513.01	\$528.25	\$507.85	\$503.35

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R. Select only the Rating Areas you are offering plans within and add a factor for each area. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.

	_ 10 Jiliulize, select the riliulize button of Ctir
Rating Factor	

Rating Area Rating Factor
Rating Area 1 1.0000

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2023 Actuarial Memorandum Vermont Exchange Small.pdf Rate Increase Exhibit 2022-2023 SMALL_SERFF.pdf Rate Increase Exhibit 2022-2023 SMALL_SERFF.xlsx VT 2023 Exchange Rate Filing SMALL_SERFF.pdf VT 2023 Exchange Rate Filing SMALL_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2022-05-04.pdf Consumer Disclosure Form about Rate Increases - 2023 VT Exchange Small.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.pdf Actuarial Memo Dataset 2023 SMALL_SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans - 2023_03072022.pdf Non-Standard AVC Screenshots 2023 VT.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Poting Paguiramento
	Civil Union Rating Requirements
Comments:	MVP's rating rules satisfy 8 V.S.A. § 4724.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Certification of Compliance - 2023 VT.pdf
Item Status:	
Status Date:	
Pyracead Itamy	Third Darty Eiling Authorization
Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #: MVPH-133238198 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: VT Small Group 2023

Project Name/Number:

Attachment Rate Increase Exhibit 2022-2023 SMALL_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2023 Exchange Rate Filing SMALL_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memo Dataset 2023 SMALL_SERFF.xlsx is not a PDF document and cannot be reproduced here.



Contact Information

Company Information

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

Primary Contact Information

Contact Name: Christopher Pontiff, ASA, MAAA

Contact Title: Senior Leader, Commercial Market Actuary

Primary Contact Phone #: 1-800-777-4793, ext. 17696

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: Cpontiff@mvphealthcare.com

ACTUARIAL MEMORANDUM 2023 Vermont Small Group Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2023 premium rates for the State of Vermont's small group ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2023 and 12/31/2023. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 16.6%, with increases ranging from 8.9% to 19.8%.

Market/Benefits

All benefit plans included in this rate filing are available to small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. As in 2022, MVP has filed Silver plans to be sold off exchange known as "reflective" Silver plans. These plans are equivalent to the corresponding on exchange plan with the exception of a \$5 copay or 5% coinsurance change to the ambulance benefit or a modification to the deductible/maximum out of pocket for the plan which has no cost sharing after the deductible. Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2022 to 2023. As noted in the rate filing document, design changes from the previous year's plan design are shaded in gray.

All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the DVHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP previously contracted Milliman to determine an actuarially equivalent visit limit, and the claim data in the experience period represents this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing contain two benefits in excess of the EHBs: a wellness benefit and an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit is filed as a mandatory rider, form: FRVT366.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 1,445 policyholders, 12,538 subscribers and 20,900 members based on February 2022 membership.

Unmerging of Risk Pools

Historically the state of Vermont has been a merged market, meaning small employer group and individual data was used to derive a single set of premiums that applied to both small group and individual. In 2022, the market was unmerged. This results in two sets of premium rates derived from small group and individual data separately. We developed two sets of premium rates again in 2023.

Experience Period Claims

MVP historical claim data was the basis of the premium rate development. All ACA compliant small group data is included in the experience period data set. The claim data is assumed to be fully credible.

The experience period for the historical claims is incurred dates of service between 1/1/21 and 12/31/21, paid through 2/28/22. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/22.

Please see Exhibit 3 for a summary of MVP's experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP's experience period data are discussed below.

Line 1 of Exhibit 3 provides the member months for the experience period for the rating pool.

Line 2 of Exhibit 3 provides the experience period fee for service medical claim expense on a "per member per month" (PMPM basis). This includes all claims for medical services paid by MVP for the rating pool during the experience period.

Line 3 of Exhibit 3 provides the FFS claims paid by MVP for pediatric dental services provided to members in the rating pool during the experience period.

Lines 4a and 4b are reductions to FFS claims expenses due to the CSR subsidy program. There is no CSR in small employer group so these lines both show \$0.

Line 5 reflects the assumption for claims Incurred but not Reported (IBNR) as of the latest date the claims data was paid through. We have completed the claims using an IBNR factor of 2.7% which is our best estimate of ultimate liabilities as of 3/31/22. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Note that the model used to calculate IBNR for this block of business includes all Vermont business, so the paid and incurred claims below will not match the paid and incurred claims in the filing. Please see the following table comparing incurred and paid claim amounts by month for the experience period.

		Incurred					
Incurred Month	Paid Claims	Claims	IBNR Factor				
202112	\$17,985,884	\$20,135,046	1.119				
202111	\$17,941,704	\$19,006,231	1.059				
202110	\$17,705,034	\$18,472,971	1.043				
202109	\$20,663,212	\$21,361,879	1.034				
202108	\$16,731,581	\$17,027,329	1.018				
202107	\$16,880,911	\$16,954,837	1.004				
202106	\$17,936,597	\$17,985,872	1.003				
202105	\$16,804,731	\$16,830,906	1.002				
202104	\$16,824,151	\$17,099,079	1.016				
202103	\$18,774,327	\$18,913,366	1.007				
202102	\$14,002,452	\$14,006,252	1.000				
202101	\$14,498,194	\$14,493,696	1.000				
Total	\$206,748,778	\$212,287,463	1.027				

Line 6 reflects medical plus dental fee-for-service (FFS) claims, completed with IBNR. The formula is the sum of lines 2 and 4 multiplied by line 5, then adding line 3. MVP is assuming that dental claims are fully complete with two months of run-out, and therefore IBNR is not applied to these claims.

Line 7 provides the experience period incurred pharmacy claims for the rating pool. Pharmacy claims include any claims which are paid through the pharmacy portion of the member's benefits.

Experience period Rx rebates are reflected in line 8 of Exhibit 3.

Line 9 of Exhibit 3 reflects MVP's ultimate liability for pharmacy claims during the experience period, which nets manufacturer rebates from the incurred claims paid by MVP.

Line 10 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

Summary of Experience Period Non-FFS and Capitation										
Amounts										
Other Medical Expenses not in claim warehouse	\$2.96									
Net Reinsurance Expense	\$0.36									
Medical Home and PCP Incentive	\$3.69									

^{*}Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.15% of paid claims) are not reflected in figures above. Line 10 of Exhibit 3 = (line 6 of Exhibit 3 + line 9 of Exhibit 3) * 1.149% + the applicable value shown above.

\$7.01

Total Non-FFS and Capitation Amounts

Line 11 of Exhibit 3 represents MVP's best estimate of the costs incurred to cover members in the rating pool during the experience period after making the adjustments described above. It is calculated by summing the medical and dental FFS incurred claims completed with IBNR (line 6 of Exhibit 3), the pharmacy incurred claims net of rebates (line 9 of Exhibit 3), and the capitation and non-FFS medical expenses (line 10 of Exhibit 3).

Market-Wide Adjustments to Experience Period Claims

Several adjustments to the experience period incurred claim costs were necessary to adjust for items not captured in the experience period. The adjustments are explained below.

Line 12- Adjustment for Waived Cost Share Due to COVID-19

MVP is removing \$4.89 PMPM to account for cost sharing related to the COVID-19 pandemic including treatment, visits, testing and telehealth that was waived during the experience period. It is expected that the cost sharing will shift back to the members in 2023.

Line 13- Adjustment for COVID Services

MVP analyzed the total expense in the experience period associated with COVID treatment, visits, and testing. After consultation with MVP's medical team, we decided to assume a 30% reduction in Covid cost in the projection period, resulting in the removal of \$4.77 PMPM.

Line 14- Adjustment for COVID Vaccines

MVP is using the CMS projection of 2023 vaccines as 52% utilization, 1.4 shots per member and \$104 per shot which represents an increase over our 2021 experience due to mass vaccination sites and having to pay the ingredient cost in 2023. This results in an additional \$3.68 PMPM.

Line 15- Adjustment for Insulin Cap

The state of Vermont has mandated that insulin cost share for a 30-day supply be capped at \$100 per member starting in 2022. MVP analyzed historical insulin utilization by member and determined this mandate would result in an additional \$0.06 PMPM.

Line 16- Adjustment for High Cost Claimant in 2021 Above National Threshold

MVP is expecting a recovery for a member with incurred claims in the experience period above the national threshold. This recovery is worth \$2.48 PMPM.

Line 17- National High Cost Reinsurance Pool Charge

In the 2022 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to small group market issuers in 2023 will be 0.64%.

Medical Trend Factors

The development of annual medical paid claim trend factors for 2022 and 2023 is illustrated in Exhibit 2a.

For VT providers whose contractual reimbursement changes are governed by the GMCB, MVP is reflecting the GMCB's most recently approved budgeted changes as the unit cost trend for 2022 and its best estimate of future budgeted changed for 2023. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total allowed unit cost trend is 5.3% for 2022 and 4.7% for 2023.

MVP analyzed historical medical utilization trends for its VT block of business and determined that the data has been too volatile in recent years to use for medical utilization trend purposes. MVP attributes this volatility to the significant membership growth for this block of business and COVID-19. During the 2020 filing, "L&E [Lewis & Ellis Actuaries and Consultants] performed a series of independent trend calculations using market wide utilization data from 2015 to 2018" and found that "After assessing all the market wide results, L&E believes that a reasonable range for market wide utilization trend to be 1% to 4%" (L&E Actuarial Memo, SERFF # MVPH-131934219, page 7). Because MVP believes that their data still lacks necessary stability and L&E's view of utilization trend encompasses the entire market, MVP has built in a 1% annual utilization trend for this filing.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's entire book of business (consistent with the data in MVP's benefit relativity model). Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 6.0%. The annual paid leveraging factor is 0.6% which results in an average annual paid FFS medical trend of 6.7%. This can be found on line 19 of Exhibit 3.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP's PBM was determined using MVP's Vermont commercial data by drug class. The forecasts provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers. In addition to the market trend data provided by the PBM, MVP is also reflecting its best estimate of known contract changes for 2022 and 2023. Those contract changes are reflected in the unit cost trends shown on Exhibit 2a.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2022 and 2023 can be found in Exhibit 2b.

To project rebates, MVP has taken the experience period rebates as a percentage of the experience period allowed claims (29.4%) and applied that percentage to the rating period allowed claims. This represents MVP's best estimate of future rebates that will be shared between the PBM and MVP.

The average annual allowed Rx trend in this filing is 11.1%, and the average annual paid Rx trend net of Rx rebates is 12.3% which can be found in line 20 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 21 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 21, the following calculation is performed: [line 6 * line 19 + line 9 * line 20] / [line 6 + line 9]. The annual trend is then applied for 24 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 23 of Exhibit 3.

Paid Claim Surcharges, Capitation, and Non-FFS PMPM Projection

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 24 and 25 of Exhibit 3 represent MVP's best estimate of these costs in the projection period. A summary of the expenses driving the capitation and non-FFS expenses in line 25 can be found below. Expenses captured in the "Other Medical Expense not in warehouse" line include student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

Summary of Rating Period Non-FFS and Capitation Amounts									
Other Medical Expenses not in claim warehouse	\$2.96								
Net Reinsurance Expense	\$0.36								
Medical Home and PCP Incentive	\$3.31								
Total Non-FFS and Capitation Amounts	\$6.63								

MVP is assuming that the VT paid claim surcharge will remain unchanged in 2023 and equal 0.999%. The NYS HCRA surcharge of 0.15% is also unchanged.

Federal Risk Adjustment Program

Based on the Interim Risk Transfer results for 2021 provided by CMS rerun for the unmerged market by L&E, MVP is expected to pay \$7,800,000 into the small group market transfer pool for 2021. This is \$29.91 on a PMPM basis or 5.8% of experience period claims prior to market-wide adjustments. To calculate line 27 of Exhibit 3, MVP applied this risk adjustment payment as a percentage of claim expense to line 26 of Exhibit 3, which the best estimate of the rating period claim expense. This results in an estimated payment of \$34.07 PMPM or \$8,885,100 using experience period membership.

Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates

Line 28 of Exhibit 3 represents MVP's projected paid index rate after adjustments for 2023. This is the starting net claim cost that will be used to set 2023 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 7. The plan specific net claim cost for each plan is computed as follows on Exhibit 7:

Adjusted Claim Cost For Pricing	=	Projected Paid Index Rate After Adjustments PMPM (line 28 of Exhibit 3)
(see Exhibit 7)	-	[Avg Inforce Actuarial Value * Induced Utilization Factor]

Plan Specific Net Claim Cost PMPM = Adjusted Claim Cost for Pricing * Benefit Actuarial Value * Plan Induced Utilization Factor (see Exhibit 7)

The Plan Specific Gross Claim Cost PMPM for each plan is derived by adjusting the Plan Specific Net Claim Cost PMPM which account for Benefits in Excess of EHBs, PMPM non-claim expense loads, and percent of premium non-claim expense loads.

Actuarial Values and Induced Utilization Factors

The AV Metal Level for each plan was determined using the Federally prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP's in-house benefit relativity model. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design.

The induced utilization factors used to set premium rates and compute the average in-force induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The experience period actuarial value times induced demand factor (0.8386) can be found in Exhibit 7.

Non-Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non-Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and summarized in Exhibit 5.

Federal Taxes PMPM based

A total of \$0.43 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.20 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.23 PMPM for the Patient Centered Outcome Research Fee.

State Taxes PMPM Based

\$1.34 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc., and the Office of the Health Care Advocate. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP's growth in market share from 2021 to 2023.

State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$9.70 per covered child and \$1.64 per covered adult for 2023, followed by an estimate of \$11.23 per covered child and \$1.86 per covered adult for 2024. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs were determined for each year and given an equal weight, resulting in \$3.00 PMPM. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.44%.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$43.56 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.61 PMPM of the \$43.56 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2019, 2020, and 2021 SHCEs compared to the available admin expense built into the rates for the same time period. MVP's proposed administrative expense represents a decrease over 2021 actual admin.

Combined VT AR42 and AR44	Year	Exchange Available Admin PMPM	SHCE Admin PMPM*
Individual	2019	N/A	\$41.04
Small Group	2019	N/A	\$38.84
Combined	2019	\$39.80	\$39.86
Individual	2020	N/A	\$35.40
Small Group	2020	N/A	\$33.65
Combined	2020	\$42.00	\$34.40
Individual	2021	N/A	\$51.71
Small Group	2021	N/A	\$44.49
Combined	2021	\$43.75	\$47.44

*Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

Contribution to Reserves/Risk Charge

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2023. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense

A plan level adjustment equal to 0.10% of premium was added to account for non-payment of premium risk.

Rider FRVT366 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366). This is an enhancement to the current wellness benefit whereby primary subscribers can earn up to \$600 in reimbursements for wellness-related activities. The cost of this benefit is included in the experience period claims as well as the plan AVs so an adjustment is not required on Exhibit 7.

Acupuncture Allowance (Benefit in Addition to EHBs)

MVP is including a \$500 acupuncture allowance in its benefits in 2023. MVP's 2019 acupuncture claims for our New York members were studied and used to derive the \$0.52 PMPM additional cost for this benefit.

Per Contract Premium Rates

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 7 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios. The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2022. The SCF = weighted average contract size / weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

Silver CSR Loading

In the past, MVP has loaded on exchange silver plans due to CSR defunding. CSR is not available to small employer groups and therefore we are removing any loading of plans for CSR in this filing.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 91.3%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 92.3%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2023:

Target Loss Ratio for 2023 VT E	xchange
A) Claims Expense	\$622.20
B) Taxes/Assessments	\$4.77
C) Quality Improvement	\$2.61
D) Premium	\$681.44
E) Traditional Loss Ratio	91.3%
= A) / D)	
F) Federal Loss Ratio	92.3%
= [A) + C)] / [D) - B)]	

MVP does not anticipate having to rebate members for 2021 per the ACA minimum MLR requirements.

Actuarial Dataset, Rate Increase Exhibit, URRT, and Federal Memorandum

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2022, the Federal URRT, and the Federal Actuarial Memorandum.

Projection Period Enrollment

MVP's projection period membership equals the February 2022 enrollment of the population eligible to purchase these products, or 20,900 members. On Worksheet 2 of the URRT, members are mapped based on their February 2022 benefit to the same benefits for 2023.

Actuarial Certification

I, Christopher Pontiff, am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be shown in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2023 plan year after this filing is submitted, including but not limited to changes to the enforcement of the individual mandate, changes to rules around selling across state lines or association groups, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2023 plan year.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP #26, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.

05/06/2022

Date

Christopher Pontiff, ASA, MAAA

Senior Leader, Commercial Market Actuary

MVP Health Care, Inc.

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MVP Health Care Derivation of 2023 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members in Small Group Market as of Febuary 2022

NON-STANDARD PIANS STANDARD PIANS	コ
GOLD SILVER BRONZE PLATINUM GOLD SILVER BRONZE	
On Exchange Reflective	Total Annual Average Average Annua Premium PMPM Premium
2023 Proposed Rates S818.53 S831.87 \$655.11 \$655.01 \$676.12 \$675.25 \$567.54 \$572.61 \$995.17 \$790.17 \$660.41 \$660.41 \$671.80 \$671.80 \$578.43 \$569.01 \$599.61	
Couple Rate \$1,637.06 \$1,663.74 \$1,310.22 \$1,310.02 \$1,352.24 \$1,350.50 \$1,145.22 \$1,912.34 \$1,580.34 \$1,320.82 \$1,320.82 \$1,343.60 \$1,343.60 \$1,156.86 \$1,138.02 \$1,191.22	
Adult and Child(ren) Rate \$1,579.76 \$1,605.51 \$1,264.36 \$1,264.17 \$1,304.91 \$1,303.23 \$1,095.35 \$1,105.14 \$1,845.41 \$1,525.03 \$1,274.59 \$1,274.59 \$1,296.57 \$1,296.57 \$1,163.7 \$1,098.19 \$1,149.53	1
Family Rate \$2,300.07 \$2,337.55 \$1,840.86 \$1,840.58 \$1,899.90 \$1,897.45 \$1,594.79 \$1,609.03 \$2,686.84 \$2,220.38 \$1,855.75 \$1,855.75 \$1,857.76 \$1,857.76 \$1,625.39 \$1,598.92 \$1,673.66	\$168,920,688 \$673.53 \$8,082.33
2022 Approved Rates	
Single Rate \$683.24 \$701.33 \$574.67 \$574.67 \$594.18 \$593.43 \$506.73 \$521.18 \$810.54 \$666.54 \$606.23 \$606.23 \$589.77 \$589.67 \$514.80 \$510.24 \$530.88	
Couple Rate \$1,366.48 \$1,402.66 \$1,149.34 \$1,149.34 \$1,188.36 \$1,186.86 \$1,013.46 \$1,042.36 \$1,621.08 \$1,333.08 \$1,212.46 \$1,212.46 \$1,179.54 \$1,179.34 \$1,029.60 \$1,020.48 \$1,061.76	
Adult and Child(ren) Rate \$1,318.65 \$1,353.57 \$1,109.11 \$1,109.11 \$1,146.77 \$1,145.32 \$977.99 \$1,005.88 \$1,564.34 \$1,286.42 \$1,170.02 \$1,170.02 \$1,138.26 \$1,138.06 \$993.56 \$984.76 \$1,024.60	
Family Rate \$1,919.90 \$1,970.74 \$1,614.82 \$1,614.82 \$1,664.85 \$1,667.54 \$1,423.91 \$1,464.52 \$2,277.62 \$1,872.98 \$1,703.51 \$1,605.25 \$1,657.25 \$1,656.97 \$1,446.59 \$1,433.77 \$1,491.77	\$144,863,121 \$577.60 \$6,931.25
2023 Proposed Rate Increases	
Single Rate 19.8% 18.6% 14.0% 14.0% 13.8% 13.8% 12.0% 9.9% 18.0% 18.5% 8.9% 8.9% 13.9% 13.9% 12.4% 11.5% 12.2%	
Couple Rate 19.8% 18.6% 14.0% 14.0% 13.8% 12.0% 9.9% 18.0% 18.5% 8.9% 8.9% 13.9% 13.9% 12.4% 11.5% 12.2%	
Adult and Child(ren) Rate 19.8% 18.6% 14.0% 14.0% 13.8% 13.8% 12.0% 9.9% 18.0% 18.5% 8.9% 8.9% 13.9% 13.9% 12.4% 11.5% 12.2%	
Family Rate 19.8% 18.6% 14.0% 14.0% 13.8% 13.8% 12.0% 9.9% 18.0% 18.5% 8.9% 8.9% 13.9% 13.9% 12.4% 11.5% 12.2%	16.61% Total Revenue Change
February 2022 Contracts	
Single Rate 1,642 199 33 776 0 229 107 63 1,078 1,417 0 637 17 544 818 420 48	
Couple Rate 585 32 6 117 0 55 7 12 396 320 0 137 2 132 146 97 5	
Adult and Child(ren) Rate 139 10 1 31 0 19 2 5 99 110 0 37 0 40 53 27 1	
Family Rate 571 31 1 85 0 62 17 3 302 306 0 111 1 135 194 61 7	
Total 2,937 272 41 1,009 0 365 133 83 1,875 2,153 0 922 20 851 1,211 605 61	
February 2022 Members	٦
Single Rate 1,642 199 33 776 0 229 107 63 1,078 1,417 0 637 17 544 818 420 48	
Couple Rate 1,170 64 12 234 0 110 14 24 792 640 0 274 4 264 292 194 10	
Adult and Child(ren) Rate 371 27 2 73 0 54 5 13 246 277 0 90 0 104 142 65 3	
Family Rate 2,204 117 4 319 0 231 68 11 1,170 1,208 0 417 4 539 762 222 26	
Total 5,387 407 51 1,402 0 624 194 111 3,286 3,542 0 1,418 25 1,451 2,014 901 87	
	_
2023 Proposed PMPY Revenue \$8,541.97 \$9,060.47 \$7,667.10 \$7,336.94 N/A \$7,140.64 \$6,060.28 \$6,504.85 \$10,160.05 \$8,376.86 N/A \$7,233.69 \$7,677.87 \$7,025.70 \$6,056.91 \$6,347.05 \$6,539.	8
2022 Approved PMPY Revenue \$7,130.11 \$7,638.68 \$6,725.67 \$6,437.02 N/A \$6,275.41 \$5,410.93 \$5,920.61 \$8,612.61 \$7,066.21 N/A \$6,640.25 \$6,740.36 \$6,166.78 \$5,390.62 \$5,691.49 \$5,828.	9



MVP Health Care -- 2023 Small Group Exchange Rate Filing

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2022 to 2023 Benefits

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index Rate

Exhibit 3 -- Index Rate Development

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- Calculation of CSR Defunding Load

Exhibit 7 -- 2023 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

												In-Notwo	rk Benefits									
											Med	III-IVELVIC	TK Delients				Med OOP	Med OOP	Rx OOP	Rx OOP		1
			Standard/Non-	On/Off			IP					Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Туре	Coins.	Туре	Type	Single	Family	Single	Family	Туре	Pharmacy
FRVT-HMO-SP-001-S (2023)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$425	\$850	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-SG-001-S (2023)	HyHMO	Gold	Standard	On Exchange	\$20 No DD*	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,400	\$2,800	Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,400	\$2,800	Separate	\$12/\$55/50% \$200/\$400 Brand Ded
FRVT-HMO-SG-002-N (2023)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,600	\$13,200	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBID = \$1 #
FRVT-HMOH-SG-003-N (2023)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,450	\$2,900	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-SS-003-S (2023)	HyHMO	Silver	Standard	On Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-SS-004-S (2023)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,450	\$2,900	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2023)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,500	\$11,000	Embedded	0%	Embedded	Aggregate	\$5,500	\$11,000	\$1,450	\$2,900	Integrated	0% / 0% / 0%, Subject to Med Deductible
									1,400 (Fac)													\$850/\$1700 Ded then \$5/50%/50%,
FRVT-HMO-SS-001-N (2023)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	VBID = \$1 #
VT-HMO-SS-003-S II (2023)	HyHMO	Silver	Standard	Off Exchange	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$105 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-004-S II (2023)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,450	\$2,900	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2023)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,525	\$11,050	Embedded	0%	Embedded	Aggregate	\$5,525	\$11,050	\$1,450	\$2,900	Integrated	
									1,400 (Fac)													\$850/\$1700 Ded then \$5/50%/50%,
VT-HMO-SS-001-N II (2023)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	VBID = \$1 #
FRVT-HMO-SB-002-S (2023)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900		50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMOH-SB-003-S (2023)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200"	\$1,450	\$2,900	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2023)	HMO	Bronze	Standard	On Exchange	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9,000	\$18,000	Embedded	0%	Embedded	Embedded	\$9,000	\$18,000	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
																						\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID =
FRVT-HMO-SB-005-N (2023)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%		\$18,200	Embedded	0%	Embedded	Embedded	\$9,100	\$18,200	N/A	N/A	N/A	\$3 #
FRVT-HMO-SB-001-N (2023)	HMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Brand Ded, VBID = \$3 #

Services subject to deductible (DD) unless otherwise stated.
""First 3 PCP Office Visits are not subject to deductible
"First 3 PCP Office Visits are covered in full
"Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.
"Family structure is \$9,100 for each member up to family limit

Exhibit 1a -- Comparison of 2022 to 2023 Benefits by Plan

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

											In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-SP-001-S (2022)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-SP-001-S (2023)	HyHMO	Platinum	Standard	\$15 No DD*	\$40 No DD	10%	\$100	10%	\$60 No DD	\$425	\$850	Embedded	10%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-SG-001-S (2022)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$2,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded
FRVT-HMO-SG-001-S (2023)	HyHMO	Gold	Standard	\$20 No DD*	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,400	\$2,800	Embedded	30%	Embedded	Embedded	\$5,600	\$11,200	\$1,400	\$2,800	Separate	\$12/\$55/50% \$200/\$400 Brand Ded
FRVT-HMO-SG-002-N (2022)	HyHMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMO-SG-002-N (2023)	HyHMO	Gold	Non-Standard	\$20 No DD	\$45 No DD	20%	\$250	20%	\$50	\$850	\$1,700	Embedded	20%	Embedded	Embedded	\$6,600	\$13,200	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$350 / \$700 Brand Ded, VBID = \$1 #
FRVT-HMOH-SG-003-N (2022)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMOH-SG-003-N (2023)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,450	\$2,900	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-SS-003-S (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$400/\$800 Brand Ded
FRVT-HMO-SS-003-S (2023)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$100 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
FRVT-HMOH-SS-004-S (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800"	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-004-S (2023)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,450	\$2,900	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-SS-002-N (2023)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,500	\$11,000	Embedded	0%	Embedded	Aggregate	\$5,500	\$11,000	\$1,450	\$2,900	Integrated	0% / 0% / 0%, Subject to Med Deductible
, ,								\$1,400 (Fac)												, i	
FRVT-HMO-SS-001-N (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$750/\$1500 Ded then \$5/50%/50%, VBID = \$1 #
, ,								\$1,400 (Fac)													
FRVT-HMO-SS-001-N (2023)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
VT-HMO-SS-003-S II (2022)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD			Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$400/\$800 Brand Ded
VT-HMO-SS-003-S II (2023)	HyHMO	Silver	Standard	\$40 No DD*	\$90 No DD	50%	\$500	50%	\$105 No DD	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$20 / \$70 / 50%, \$500/\$1,000 Brand Ded
VT-HMOH-SS-004-S II (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800"	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-004-S II (2023)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$2,100	\$4,200	Aggregate	30%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,450	\$2,900	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
VT-HMOH-SS-002-N II (2023)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,525	\$11,050	Embedded	0%	Embedded	Aggregate	\$5,525	\$11,050	\$1,450	\$2,900	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1,400 (Fac)													
VT-HMO-SS-001-N II (2022)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	\$750/\$1500 Ded then \$5/50%/50%, VBID = \$1 #
, ,	,							\$1,400 (Fac)													
VT-HMO-SS-001-N II (2023)	HyHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$2,100	\$4,200	Embedded	50%	Embedded	Embedded	\$7,000	\$14,000	\$1,400	\$2,800	Separate	\$850/\$1700 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-SB-002-S (2022)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMO-SB-002-S (2023)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$9,100	\$18,200	\$1,400	\$2,800	Integrated	\$1100/\$2200 Brand Ded then \$15/\$85/60%
FRVT-HMOH-SB-003-S (2022)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,050	\$14,100"	\$1,400	\$2,800	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMOH-SB-003-S (2023)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,800	\$11,600	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200"	\$1,450	\$2,900	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2022)	HMO	Bronze	Standard	\$40 No DD	\$100 No DE	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-SB-004-S (2023)	HMO	Bronze	Standard	\$40 No DD*	\$100 No DD	0%	0%	0%	0%	\$9.000	\$18,000		0%	Embedded	Embedded	\$9,000	\$18,000	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
FRVT-HMO-SB-005-N (2022)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7.850	\$15,700	Embedded	0%	Embedded	Embedded	\$7.850	\$15,700	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-SB-005-N (2023)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$9,100	\$18,200	Embedded	0%	Embedded	Embedded	\$9,100	\$18,200	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-SB-001-N (2022)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Brand Ded, VBID = \$3 #
FRVT-HMO-SB-001-N (2023)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Brand Ded, VBID = \$3 #
		Bronzo	on otanidald	¥.0	\$.00	5070	0070	0070	Ų.00	7.,200	÷ 1 1,000		00,0			ψο, ισο	7.0,000		1971		7-1.7.110070, 9100791100 Brand Boa, 1010 - 90 #

Changes in benefits from 2022 to 2023 are shown in gray shading.

Exhibit 2a -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

Experience Period: January 1, 2021 - December 31, 2021 Rating Period: January 1, 2023 - December 31, 2023

	2022	2023	Total
Months of Trend	12	12	24

Medical Trend Summary

	2022 Annual Trend								
	% of Allowed Claims	Unit Cost	Utilization	Total					
IP	22.6%	6.2%	1.0%	7.3%					
OP	49.4%	5.8%	1.0%	6.8%					
PHY	28.0%	3.7%	1.0%	4.7%					
OTR	0.0%	0.0%	1.0%	1.0%					
Medical Total		5.3%	1.0%	6.3%					

2023 Annual Trend									
	% of Allowed Claims	Unit Cost	Utilization	Total					
IP	22.8%	5.7%	1.0%	6.7%					
OP	49.6%	5.2%	1.0%	6.2%					
PHY	27.6%	2.8%	1.0%	3.9%					
OTR	0.0%	0.0%	1.0%	1.0%					
Medical Total	Г	4.7%	1.0%	5.7%					

Annual Allowed Medical Trend 6.0%

Leveraging Impact - Fee-For-Service Medical Claims										
	Allowed-COB	Coinsurance	Copay	Deductible	Paid*					
Rating Period:	\$134,650,633.40	\$3,775,002.68	\$1,810,177.58	\$17,801,531.40	\$111,263,921.74					
24 Months of Trend:	1.124	1.124	1.020	1.046	1.138					
Projection Period:	\$151,350,384.82	\$4,243,189.16	\$1,846,562.15	\$18,625,212.26	\$126,635,421.25					
lowed Trend (Annual)	6.0%									
Paid Trend (Annual)	6.7%									
Leveraging (Annual)	0.6%									

Rx Trend Summary

	2022	<u>Trend</u>	2023	Trend	Annualized Trend			
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization		
Generic	-3.7%	2.4%	-1.2%	2.9%	-2.5%	2.6%		
Brand	7.0%	3.9%	3.4%	0.3%	5.2%	2.1%		
Specialty	4.0%	9.4%	6.1%	12.2%	5.0%	10.8%		

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	12,498	801	144	13,443
Experience Period Allowed Cost per Script	\$17.41	\$494.33	\$4,875.73	\$97.82
Experience Period Deductible Per Script	\$2.78	\$21.05	\$79.28	\$4.69
Experience Period Copay Per Script	\$4.09	\$21.04	\$17.00	\$5.24
Experience Period Coinsurance Per Script	\$0.60	\$11.19	\$35.72	\$1.60
Experience Period Paid Cost Per Script	\$9.94	\$441.04	\$4,743.72	\$86.28
Experience Period Allowed PMPM	\$18.13	\$33.00	\$58.44	\$109.58
Experience Period Deductible PMPM	\$2.90	\$1.41	\$0.95	\$5.25
Experience Period Copay PMPM	\$4.26	\$1.40	\$0.20	\$5.87
Experience Period Coinsurance PMPM	\$0.62	\$0.75	\$0.43	\$1.80
Experience Period Paid PMPM Experience Period Rx Rebates PMPM	\$10.35	\$29.45	\$56.86	\$96.65 (\$32.18)
Annual Util Trend	1.026	1.021	1.108	1.027
Annual Unit Cost Trend	0.975	1.052	1.050	1.082
Annual Allowed Trend	1.001	1.074	1.163	1.111
Annual Deductible Trend	1.023	1.023	1.023	1.064
Annual Paid Trend	0.976	1.078	1.164	1.119
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.123
Months of Trend	24	24	24	24
Projected Scripts / 1000	13,165	835	177	14,177
Projected Allowed Cost per Script	\$16.56	\$546.71	\$5,376.58	\$114.54
Projected Deductible Per Script	\$2.91	\$22.03	\$82.95	\$5.04
Projected Copay Per Script	\$4.09	\$21.04	\$17.00	\$5.25
Projected Coinsurance Per Script	\$0.57	\$12.38	\$39.39	\$1.75
Projected Paid Cost Per Script	\$8.99	\$491.26	\$5,237.24	\$102.51
Projected Allowed PMPM	\$18.17	\$38.05	\$79.10	\$135.32
Projected Deductible PMPM	\$3.20	\$1.53	\$1.22	\$5.95
Projected Copay PMPM	\$4.49	\$1.46	\$0.25	\$6.20
Projected Coinsurance PMPM	\$0.62	\$0.86	\$0.58	\$2.06
Projected Paid PMPM	\$9.86	\$34.19	\$77.05	\$121.11
Projected Rx Rebates				(\$39.74)
Net Projected Paid PMPM				\$81.37

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/21 - 12/31/21

Completed Through: 3/31/22

	ACA Compliant Small Group
1 Member Months	260,811
2 FFS Paid Medical Claims	\$426.61
3 FFS Paid Pediatric Dental Claims	\$0.99
4a Federal CSR Payments	\$0.00
4b State CSR Payments	\$0.00
5 IBNR Factor	1.027
6 FFS Incurred Paid Medical Claims	\$439.03
7 FFS Incurred Rx Claims	\$96.65
8 Experience Period Rx Rebates	(\$32.18)
9 FFS Incurred Rx Claims (Net of Rebates)	\$64.48
10 Experience Period Capitation and Non-FFS Medical Costs	\$12.80
11 Adjusted Experience Period Claim Expense	\$516.31
Market-Wide Adjustments to Experience Period Claims	
12 Adjustment for Waived Cost Share Due to COVID-19	(\$4.89)
13 Adjustment for COVID Services	(\$4.77)
14 Adjustment for COVID Vaccines	\$3.68
15 Adjustment for Insulin Cap	\$0.06
16 Adjustment for High Cost Claimant in 2021 Above National Threshold	(\$2.48)
17 National High Cost Reinsurance Pool Charge	\$3.22
18 Experience Period Claim Expense After All Adjustments	\$511.13
19 Annual FFS Medical projection factor	1.067
20 Annual FFS Rx projection factor	1.123
21 Annual FFS Claim trend projection factor	1.074
22 Months of Trend	24_
23 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federa	al Programs \$574.90
24 Projection Period VT Paid Claim Surcharge + NYS HCRA	\$6.61
25 Projection Period Capitation and Non-FFS Medical Costs	\$6.63_
26 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$588.13
Federal Reinsurance and Risk Adjustment Programs	
27 Federal Risk Adjustment Program Impact	\$34.07
28 Paid Index Rate PMPM After Adjustments for Federal Programs	\$622.20

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

				Avg Contrac	t
Tier	Contract Type	Subscribers	Members	Size	Load Factor
4	Single	8,028	8,028	1.000	1.000
4	Double	2,049	4,098	2.000	2.000
4	Parent/Child(ren)	574	1,472	2.564	1.930
4	Family	1,887	7,302	3.870	2.810

Single Conversion Factor 1.128

Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

% of Premium Retention Components								
Broker Load	0.00%							
Bad Debt	0.10%							
Contribution to Reserves	1.50%							
Total % of Premium Retention Components	1.60%							
PMPM Retention Component	S							
General Administrative Load	\$43.56							
% of Premium Taxes and Assessr	nents							
ъ . т	0.000/							
Premium Tax	0.00%							
VT Vaccine Pilot	0.44%							
Total % of Premium Taxes/Assessments	0.44%							
% of Paid Claim Taxes and Assess	monto							
% of Paid Claim Taxes and Assess	ments							
Vermont Paid Claim Surcharge	0.999%							
New York State HCRA Surcharge	0.150%							
Total % of Paid Claim Taxes/Assessments	1.149%							
PMPM Taxes and Assessmen	te							
I WII WI TAXES AND ASSESSINE								
HHS Risk Adjustment User Fee	\$0.20							
PCORI Fee	\$0.23							
18 VSA 9374(h) Billback	\$1.34							
Total PMPM Taxes/Assessments	\$1.77							

Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

Not Applicable to Small Group Market

Exhibit 7 -- 2023 Individual Exchange Premium Rates

MVP Health Plan, Inc. 2023 Vermont Small Group Exchange Rate Filing For Effective Dates Beginning Between January 1, 2023 - December 31, 2023

2023 Adjusted Paid Claim Cost (Exhibit 3, Line 28)	\$622.20
Benefit Relativity * Induced Demand Reflected in Index Rate	0.8386
Adjusted Claim Cost for Pricing	\$741.93

	Product		Standard/No	On/Off	Federal and State Combined	Benefit Actuarial	Induced Utilization	Net Claim Cos	t Bad Debt / CTR	Administrative Expense	% of Premium Taxes and	PMPM Taxes and	Benefits in Excess of	CSR	Gross Claim Cost			Parent/Child		Increase over 2022 Single	Increase over 2022 Double	Increase over 2022	Increase over 2022 Family
Coplan	Type	Metal Level	n-Standard	Exchange	Subsidy	Value	Factor*	PMPM	(% of Premium)	(PMPM)	Assessments	Assessments	EHB's**	Loading	PMPM	Single***	Double	(ren)	Family	Rate	Rate	P/C Rate	Rate
FRVT-HMO-SP-001-S (2023)	HyHMO	Platinum	Standard	On Exchange	Non-Subsidized	0.921	1.150	\$785.39	\$13.57	\$43.56	\$3.73	\$1.77	\$0.00	\$0.00	\$848.03	\$956.17	\$1,912.34	\$1,845.41	\$2,686.84	18.0%	18.0%	18.0%	18.0%
FRVT-HMO-SG-001-S (2023)	HyHMO	Gold	Standard	On Exchange	Non-Subsidized	0.798	1.083	\$641.17	\$11.21	\$43.56	\$3.08	\$1.77	\$0.00	\$0.00	\$700.81		\$1,580.34	\$1,525.03	\$2,220.38	18.5%	18.5%	18.5%	18.5%
FRVT-HMO-SG-002-N (2023)	HyHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.827	1.103	\$676.88	\$11.80	\$43.56	\$3.25	\$1.77	\$0.52	\$0.00	\$737.78	\$831.87	\$1,663.74	\$1,605.51	\$2,337.55	18.6%	18.6%	18.6%	18.6%
FRVT-HMOH-SG-003-N (2023)	HDHMO	Gold	Non-Standard	On Exchange	Non-Subsidized	0.818	1.097	\$665.29	\$11.62	\$43.56	\$3.19	\$1.77	\$0.52	\$0.00	\$725.96	\$818.53	\$1,637.06	\$1,579.76	\$2,300.07	19.8%	19.8%	19.8%	19.8%
FRVT-HMO-SS-003-S (2023)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.693	1.028	\$528.44	\$9.37	\$43.56	\$2.58	\$1.77	\$0.00	\$0.00	\$585.72		\$1,320.82	\$1,274.59	\$1,855.75	8.9%	8.9%	8.9%	8.9%
FRVT-HMOH-SS-004-S (2023)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.703	1.032	\$538.33	\$9.53	\$43.56	\$2.62	\$1.77	\$0.00	\$0.00	\$595.82	\$671.80	\$1,343.60	\$1,296.57	\$1,887.76	13.9%	13.9%	13.9%	13.9%
FRVT-HMOH-SS-002-N (2023)	HDHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.706	1.034	\$541.57	\$9.59	\$43.56	\$2.64	\$1.77	\$0.52	\$0.00	\$599.66	\$676.12	\$1,352.24	\$1,304.91	\$1,899.90	13.8%	13.8%	13.8%	13.8%
FRVT-HMO-SS-001-N (2023)	HyHMO	Silver	Non-Standard	On Exchange	Non-Subsidized	0.687	1.027	\$523.31	\$9.30	\$43.56	\$2.56	\$1.77	\$0.52	\$0.00	\$581.02	\$655.11	\$1,310.22	\$1,264.36	\$1,840.86	14.0%	14.0%	14.0%	14.0%
VT-HMO-SS-003-S II (2023)	HyHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.693	1.028	\$528.44	\$9.37	\$43.56	\$2.58	\$1.77	\$0.00	\$0.00	\$585.72	\$660.41	\$1,320.82	\$1,274.59	\$1,855.75	8.9%	8.9%	8.9%	8.9%
VT-HMOH-SS-004-S II (2023)	HDHMO	Silver	Standard	Off Exchange	Non-Subsidized	0.703	1.032	\$538.33	\$9.53	\$43.56	\$2.62	\$1.77	\$0.00	\$0.00	\$595.82		\$1,343.60	\$1,296.57	\$1,887.76	13.9%	13.9%	13.9%	13.9%
	HDHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.705	1.033	\$540.81	\$9.58	\$43.56	\$2.64	\$1.77	\$0.52	\$0.00	\$598.89	\$675.25	\$1,350.50	\$1,303.23	\$1,897.45	13.8%	13.8%	13.8%	13.8%
VT-HMO-SS-001-N II (2023)	HyHMO	Silver	Non-Standard	Off Exchange	Non-Subsidized	0.687	1.027	\$523.22	\$9.29	\$43.56	\$2.56	\$1.77	\$0.52	\$0.00	\$580.93	\$655.01	\$1,310.02	\$1,264.17	\$1,840.58	14.0%	14.0%	14.0%	14.0%
FRVT-HMO-SB-002-S (2023)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.604	1.002	\$449.03	\$8.07	\$43.56	\$2.22	\$1.77	\$0.00	\$0.00	\$504.66	\$569.01	\$1,138.02	\$1,098.19	\$1,598.92	11.5%	11.5%	11.5%	11.5%
FRVT-HMOH-SB-003-S (2023)	HDHMO	Bronze	Standard	On Exchange	Non-Subsidized	0.613	1.005	\$457.21	\$8.21	\$43.56	\$2.26	\$1.77	\$0.00	\$0.00	\$513.01	\$578.43	\$1,156.86	\$1,116.37	\$1,625.39	12.4%	12.4%	12.4%	12.4%
FRVT-HMO-SB-004-S (2023)	HMO	Bronze	Standard	On Exchange	Non-Subsidized	0.630	1.010	\$472.14	\$8.45	\$43.56	\$2.32	\$1.77	\$0.00	\$0.00	\$528.25	\$595.61	\$1,191.22	\$1,149.53	\$1,673.66	12.2%	12.2%	12.2%	12.2%
FRVT-HMO-SB-005-N (2023)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.607	1.003	\$451.64	\$8.13	\$43.56	\$2.23	\$1.77	\$0.52	\$0.00	\$507.85	\$572.61	\$1,145.22	\$1,105.14	\$1,609.03	9.9%	9.9%	9.9%	9.9%
FRVT-HMO-SB-001-N (2023)	HMO	Bronze	Non-Standard	On Exchange	Non-Subsidized	0.602	1.001	\$447.23	\$8.05	\$43.56	\$2.21	\$1.77	\$0.52	\$0.00	\$503.35	\$567.54	\$1,135.08	\$1,095.35	\$1,594.79	12.0%	12.0%	12.0%	12.0%

^{**}Reflects cost of \$500 acupuncture allowance
***Child Only Rate = Single Rate per Child



May 4, 2022

Mr. Dana Houlihan
Director, Plan Management & Enrollment Policy
VT Health Connect
Department of Vermont Health Access
Via Email Only

RE: STATE OF VERMONT ACTUARIAL VALUE CERTIFICATION FOR 2023 STANDARD PLAN DESIGNS

Dear Dana:

This memo replaces an earlier version provided on March 1, 2022 to reflect the release of the final Notice of Benefit and Payment Parameters (NBPP), the final Actuarial Value Calculator (AVC), and the minimum deductible and annual limitation on cost sharing for High Deductible Health Plans (HDHPs). The IRS announced that the minimum deductible amount for HDHPs will increase to \$1,500 in 2023, up from \$1,400 in 2022. To account for this increase, the Bronze and Silver HDHPs and Silver HDHP CSR plans were adjusted. All draft NBPP changes related to plan designs (e.g., actuarial value de minimis ranges) and the AVC were finalized as proposed. Therefore no changes were required to the plan designs except for the HDHP plans. Health and Human Services (HHS) previously published guidance finalizing the maximum out of pocket (MOOP) amounts for 2023 for non-HDHPs.¹

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have plan designs that have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the Exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group markets. In 2022, there was one Platinum, one Gold, two Silver, and three Bronze standard plan designs for Vermont Health Connect. There is a traditional deductible plan at each of the Platinum, Gold, and Silver metal levels, with two at the Bronze level, and a HDHP at each of the Silver and Bronze levels. The 2022 standard plan designs are all continuing in 2023.

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¹ https://www.cms.gov/files/document/2023-papi-parameters-guidance-v4-final-12-27-21-508.pdf



For each of the Silver standard plan designs, the cost-sharing reduction plan designs are also standard. Cost sharing reduction (CSR) plan designs were developed at each of the 73% (Federal), 77% (Vermont specific), 87% (Federal), and 94% (Federal) AV levels.

The State contracted with Wakely Consulting Group, LLC, an HMA Company (Wakely), to assist in the development of the 2023 standard plan designs and to provide an actuarial certification of the actuarial values of the state's standard plan designs that do not fit within the parameters of the Federal calculator and require adjustment. This memo documents the approved 2023 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

The final Notice of Benefit and Payment Parameters (NBPP)² for the 2023 plan year was released on April 28, 2022. Also, the HDHP limits for 2023 were released on May 3, 2022 by the Internal Revenue Service under Revenue Procedure 2022-24³. The individual minimum deductible for HDHPs increased to \$1,500 from \$1400 in 2022 and the maximum out of pocket (MOOP) will increase to \$7,500 from \$7,050 in 2022. As noted above, the Bronze and Silver HDHPs and Silver HDHP CSR plans were adjusted to reflect the increase in the individual minimum deductible for HDHPs.

A detailed list of the changes from the 2022 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum The medical deductible and medical Maximum Out of Pocket (MOOP) were increased. The plan will cover the first 3 primary care practice (PCP) or mental health/substance abuse (MH/SA) office visits⁴ at no charge to the member. After the third visit, the copay will apply.
- 2. Gold The medical deductible and medical Maximum Out of Pocket (MOOP) were increased. The plan will cover the first 3 PCP or MH/SA office visits at no charge to the member. After the third visit, the copay will apply.
- 3. Silver Deductible The medical deductible, pharmacy deductible, and combined medical/pharmacy MOOP were increased. The plan will cover the first 3 PCP or

² https://www.cms.gov/files/document/cms-9911-f-patient-protection-final-rule.pdf

³ https://www.irs.gov/pub/irs-drop/rp-22-24.pdf

⁴ The first three office visits, where no member cost sharing will apply, can be any combination of PCP and MH/SA office visits, but only applies for the first three.



- MH/SA office visits at no charge to the member. After the third visit, the copay will apply. In addition, several copays were increased for office visits and pharmacy.
- 4. Bronze Deductible with Pharmacy Limit The combined medical/pharmacy MOOP was increased.
- Bronze Deductible without Pharmacy Limit The medical deductible and combined medical/pharmacy MOOP were increased. The plan will cover the first 3 PCP or MH/SA office visits at no charge to the member. After the third visit, the copay will apply.
- 6. Silver HDHP The medical deductible, combined MOOP, pharmacy deductible and MOOP, and the embedded individual combined medical/pharmacy MOOP were increased.
- Bronze HDHP The medical deductible, combined MOOP, pharmacy deductible and MOOP, and the embedded individual combined medical/pharmacy MOOP were increased.

In addition to the standard plans, the State of Vermont requests that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

Regulatory Background

The ACA allows for a de minimis range around the target AVs for each metal level. The 2023 NBPP finalized a range of -2% to +2% for most plans. For example, any plan design that has an AV from 78% to 82% is considered a Gold plan. The 2023 NBPP finalized a smaller range on the lower end for On-Exchange Silver plans of 0% to +2% (or an AV between 70% and 72%). Similarly, CSR plans will have a smaller range of 0% to 1% (for example, the 73% CSR plan must have an AV between 73% and 74%). Off-Exchange Silver plans will continue to be subject to the -2% to +2% range. Note that these ranges are smaller than prior years, which had a low end at -4% (no change to the high end of the range). The plan designs presented here comply with this finalized AV ranges. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Plans that meet these criteria include High Deductible Health Plans and plans that cover at least one major service, other than preventive, prior to the deductible. All three Bronze standard plans qualify for the expanded range.



The Center for Consumer Information and Insurance Oversight (CCIIO) released the final 2023 Actuarial Value Calculator (AVC)⁵ that issuers must use to determine the AV of a plan. The 2023 plan designs presented in this report are compliant with the final 2023 AVC.

While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The federal HDHP minimum deductible and MOOP limits are \$1,500 and \$7,500, respectively, for 2023. The 2022 minimum deductible and MOOP were \$1,400 and \$7,050, respectively. The 2023 increases are significantly higher than the historical averages, where the deductible has increased \$50 every two to three years and the MOOP has increased around \$100 a year. The plan designs provided in the earlier version of this certification assumed that the minimum deductible would increase to \$1,450 based on the historical increases. Due to the higher minimum deductible for 2023, adjustments have been made to both HDHPs (and corresponding Silver CSR HDHPs).

CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a "CSR load" to these plans such that the Silver premiums are higher than they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers offer "reflective" off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts. These plans will continue in 2023.

The off-Exchange "reflective" plans will have a \$5 copay or 5% coinsurance increase on ambulance services compared to the on-Exchange plans. These differentials apply to both standard and non-standard Silver plans. A comparison of the standard Silver on and off-Exchange plan designs are shown in Appendix C. As ambulance services are not explicitly included in the AVC and the differences in cost sharing are minimal, there is no difference in the calculation of the federal AV for these plans. Unless otherwise noted, in the Appendices the cost sharing for ambulance services represents the on-Exchange plan design.

⁵ http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html



In the event there is a Silver plan approved with 100% coinsurance, the off-Exchange "reflective" plan will have a \$25 deductible and MOOP increase compared to the on-Exchange plan. Unlike the ambulance cost sharing above, this difference will impact the AV. The issuer submitting such a plan will need to ensure that both the on and off-Exchange plan designs fit within the AV requirements. Since this is for non-standard plans only, these plans are not included within this memo.

Chiropractic and Physical Therapy Copays

Act No. 76 requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125% and 150% of the copay applicable to services provided by a primary care provider (PCP). For 2021, S.2027 was introduced which would require the copay for chiropractic services for Silver and Bronze metal level plans to be less than or equal to 125% of the PCP copay, though this bill did not pass. The 2021 plan designs were updated assuming that S.202 would pass and set the chiropractic and physical therapy copays equal to 125% of the PCP copay, rounded down to the nearest \$5 increment. Though the bill did not pass, no change to the chiropractic and physical therapy copays was included in the 2022 or 2023 standard plan designs and remain aligned with the proposed requirements and the 2021 plan designs.

Limiting Out-of-Pocket Expenses for Insulin

Bill S.296⁸, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. We have not adjusted the AVs reflected here for this change. However, we did confirm that all plan designs will continue to be within the required de minimis range for 2023. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

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⁶ https://legislature.vermont.gov/Documents/2018.1/Docs/ACTS/ACT007/ACT007%20As%20Enacted.pdf

⁷ https://legislature.vermont.gov/bill/status/2020/S.202

⁸ https://legislature.vermont.gov/bill/status/2020/S.296



Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. Five of the standard plan designs (and the cost-sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix D and including:

- 1. ASOP No. 23 Data Quality;
- 2. ASOP No. 25 Credibility Procedures;
- 3. ASOP No. 41 Actuarial Communications:
- 4. ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
- 5. ASOP No. 56 Modeling.

Both Silver plans and all three Bronze plans have design features that are both significant and not supported by the AVC. The Silver cost-sharing reduction plan designs have similar features. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The five potential substantial differences that Wakely considered include:

1. Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate.⁹ The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs, although the family stacked AV will be higher in most instances. Most HDHPs use the aggregate application of deductible and

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

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⁹ Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.



MOOPs, which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that if the family MOOP is more than the single limit of \$9,100, the MOOP must either be stacked or there must be an embedded individual MOOP of \$9,100. Wakely developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.

2. Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,500 and \$3,000 for individual and family coverage in 2023). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,500 and \$3,000 for individual and family coverage in 2023) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,500 for individual or \$3,000 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,500 or \$3,000, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely has developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

3. The 2023 plan designs for all plans except the Bronze Deductible plan with Pharmacy Limit and HDHPs include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2023 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. Therefore, we reviewed utilization of PCP and MH/SA office visits to determine the impact of the free visits. This review found that the impact was negligible for Platinum and Gold plans, therefore no adjustment was made for these plans. The impact to the Silver and Bronze without pharmacy limit plans and was worth up to 0.1%. Therefore, we made a specific adjustment has been made to the AVs for those plans.



4. In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the impact to AV for this design feature is likely around 0.5%. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the Bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

Given the issuers now have credible data on the portion of claims that are preventive prescription drugs, we requested that they review the appropriateness of this adjustment for the 2022 plan designs. Both issuers indicated that 0.5% was adequate and appropriate. Wakely is relying on the issuer's assessment and continues to make sure that any AVs developed for HDHPs are at least 0.5% below the high end of the de minimis range in order to account for this increased benefit.

5. Bill S.296, an act relating to limiting out-of-pocket expenses for prescription insulin drugs. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. This review found that the impact was negligible for Platinum, Gold, and Silver plans and was worth up to 0.1% for Bronze plans.

Wakely did not make a specific adjustment for this requirement but did make sure that any AVs developed for Bronze plans were at least 0.1% below the high end of the de minimis range in order to account for this increased benefit. No adjustments were made to the de minimis range for the other metal levels. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of



claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the stacked and aggregate family deductible/MOOP, the three free PCP and MH/SA office visits, and Vermont's prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug benefits, Wakely did not make an explicit adjustment but did allow cushion in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range. For the insulin limitations on cost sharing, Wakely did not make an explicit adjustment but did allow cushion in the Bronze AVs such that an increase of up to an additional 0.1% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.



Table 1: Adjusted Acceptable Federal Actuarial Values

	Plan	Acceptable Range ¹	Final Adjusted AV
	Platinum	88.0%-92.0%	90.1%
	Gold	78.0%-82.0%	81.9%
Deductible Plans	Silver	70.0%-72.0%	71.8%
	Bronze (with drug limit)	58.0%-64.9%	63.0%
	Bronze (without drug limit)	58.0%-64.9%	64.4%
	Silver - Embedded OOPM	70.0%-71.5%	71.3%
HDHPs	Bronze - Embedded OOPM	58.0%-64.4%	62.5%
0 (0) 1 0 1 (1	250-300% FPL (73% AV)	73.0%-74.0%	74.0%
Cost Sharing Reduction	200-250% FPL (77% AV)	77.0%-78.0%	77.9%
Plan Designs - Deductible Plans	150-200% FPL (87% AV)	87.0%-88.0%	87.9%
Deductible Flairs	133-150% FPL (94% AV)	94.0%-95.0%	94.9%
	250-300% FPL (73% AV)	73.0%-73.5%	73.4%
Cost Sharing Reduction	200-250% FPL (77% AV)	77.0%-77.5%	77.4%
Plan Designs - HDHPs	150-200% FPL (87% AV)	87.0%-87.5%	87.2%
	133-150% FPL (94% AV)	94.0%-94.5%	94.3%

¹ Based on revised de minimis ranges in the final 2023 NBPP

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV.

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features.

If a plan has substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to "fit" it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus for the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the model that Wakely developed and the process used to adjust the actuarial values from the AVC.



Vermont-Specific Adjustment Model

Anticipating the need to quantify some of Vermont's unique plan design features, Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. This model is updated every few years to capture recent Vermont-specific data. The current model was updated for the 2020 plan designs and includes Vermont-specific ACA data incurred in 2017.

In developing the model, Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target the most appropriate population for the model and reduce the amount of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2017
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

After all filters were applied, the remaining data included allowed claims and membership for approximately 825,000 member months.

The methodology developed for the model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts.
 These amounts can differ but the model assumes the amounts are always integrated, or that both medical and drug claims will accumulate to both deductibles, even if different amounts.
- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.



- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs.

Costs that Accumulate Deductible Maximum Out-of-Pocket (MOOP) Options Deductible / MOOP Type Medical Rx Medical & Rx Medical & Rx 1 Rx Only Aggregate 2 Medical & Rx Medical & Rx Rx Only Stacked 3 Medical & Rx Medical Only Rx Only Aggregate 4 Medical & Rx Medical Only Rx Only Stacked 5 Medical & Rx Medical & Rx Medical & Rx Stacked Aggregate Deductible /Aggregate MOOP with Medical & Rx Medical & Rx Embedded Ind MOOP 6 Rx Only (can also be used for Stacked MOOP)

Table 2: Model Structures

Adjusted AV Calculations

Using the federal AV calculator and the model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

- The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
- 2. The model was used to determine the revised AV.
 - a. The same plan design input into the AVC was input into the model. The model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.



- b. The model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
- c. The plan design in the model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$8,700.
- 3. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit 10 and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

- 1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.
- 2. The model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
 - a. Instead of normalizing the model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
 - b. The model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into

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¹⁰ Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.



- the model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
- c. The model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
- 3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Mental Health/Substance Abuse Office Limits with \$0 Cost Sharing

The 2023 plan designs for all plans except the Bronze Deductible plan with Pharmacy Limit and HDHPs include three free PCP or MH/SA office visits prior to application of member cost sharing. The AVC allows an input to begin primary care cost sharing after a set number of visits. However, the plan designs for 2023 include a combination of PCP and/or MH/SA office visits to ensure compliance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the AVC does not allow input for a number of free MH/SA visits, an adjustment to the output of the calculator is necessary. The table below reflects the adjustment made to each of the standard plan designs.

Table 3: Estimated Impact of 3 Free PCP and/or MH/SA Visits

Metal	Increase to AV
Silver Deductible	1.001
Bronze Deductible w/o Pharmacy Limit	1.001
Silver Deductible CSR – 73%	1.001
Silver Deductible CSR – 77%	1.001

The following methodology was used to develop the impacts:

 Wakely developed a continuance table based on the number of office visits a member incurred in the year. Wakely utilized similar VHCURES data as described above, except the data reflects claims incurred in the 2018 calendar year. The same filters were applied as described above and the summary reflects the experience of almost 900,000 member months.

Wakely identified PCP and MH/SA office visits based primarily on a list of CPT codes. It was assumed that only the PCP and MH/SA office visit payments would be subject to the first 3 free visits. Specifically, we assumed that for any other services that may have the same cost sharing as PCP and MH/SA office visits, the reduced cost sharing would not apply (i.e., no changes for cost sharing for these services). Consistent with the AV



Calculator, we also did not include other services that may happen in conjunction with an office visit (e.g. lab work) in our AV adjustment. It is our understanding that only the office visit copay would be waved and any copays for additional services incurred at the same time may still apply (e.g. copay stacking) based on the carrier's adjudication practices.

Two separate continuance tables were developed. The first reflects only claims identified as a PCP office visit and is consistent with the methodology of the AVC. The second is a combination of both PCP and MH/SA visits.

- Based on the continuance tables, the cost share and paid claim amounts were calculated, assuming no member cost sharing applies for the first 3 visits. The difference between the paid amounts calculated utilizing the PCP only continuance table and PCP and MH/SA combined tables reflects the adjustment made to the AVC outputs.
- 3. Two AVs were calculated. The first was based on the unadjusted high level allowed and paid costs of the VHCURES data. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The ratio of the two AVs is the increase applied to the federal AV. This was done separately for each standard plan design.

Appendix G includes screen shots from the AVC and the model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

Insulin Out-of-Pocket Limit

As mentioned above, a bill has been introduced that would limit a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions. The AVs reflected here have not been adjusted for this requirement. However, we did review the impact of the requirement and determined that all plan designs presented here would continue to meet the de minimis requirements.

Since insulin drugs only represent a portion of the claims in a given drug tier and only one input can be made in the AVC for each drug tier, the value of the cost sharing limit cannot be modeled in the AVC. This statute has a larger impact on AV at the lower AV tiers where the drug deductibles are higher. The estimated impact by metal tier is shown in the table below.



Table 4: Estimated Impact of Insulin Out-of-Pocket Limit

Metal	Increase to AV
Bronze	0.1%
Silver	0.0%
Gold	0.0%
Platinum	0.0%

The following methodology was used to develop the impacts:

- Both carriers, BCBS VT and MVP, provided claim-level data for insulin prescriptions based on their individual and small group experience in Vermont in 2019 and 2020. The data included metal tier, allowed and paid costs, days' supply, and member cost sharing.
 - Each carrier also provided high-level market information for 2019 and 2020, including metal tier, member months, and total allowed and paid costs for medical and pharmacy.
- 2. Based on the claim-level data, the cost share and paid claim amounts were recalculated, assuming a limit of \$100 per prescription for a 30-day supply. The difference between the cost sharing in the experience data and the new cost sharing incorporating the limit was added to the paid claim costs.
- 3. Two AVs were calculated. The first based on the unadjusted high level allowed and paid costs. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The difference in AV between these two is the increase to AV. This was done separately for each metal level.

Based on this analysis, the impact on all metal levels except Bronze is negligible. For the Bronze plans, all plan designs presented here are more than 0.1% below the high end of the de minimis range, therefore, will continue to be within the range.

Disclosures and Limitations

Responsible Actuary. Julie Peper and Brooke Steiner are the actuaries responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Brooke is a Members of the American Academy of Actuaries and Associates of the Society of Actuaries. Both meet the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties



should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

Risks and Uncertainties. The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

Conflict of Interest. The responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the State of Vermont and any issuer in the state.

Data and Reliance. We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- 1. The final 2023 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVS that result from the AVC.
- VHCURES data supplied by the state was used in the development of the HDHP model.
- Adjustment to the high-end of the de minimis AV range for HDHPs to account for prescription drugs for which the deductible is waived. This was reviewed by both issuers, BCBS VT and MVP, based on their internal experience and claims data.
- 4. Insulin prescription claim experience. This was provided by both issuers, BCBS VT and MVP, based on their internal experience and claims data.

Subsequent Events. There are no known relevant events subsequent to the date of information received that would impact the results of this report.

Contents of Actuarial Report. This document and the supporting exhibits constitute the entirety of actuarial report and supersede any previous communications on the project.



Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. A summary of ASOP compliance is listed in Exhibit D.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact us.

Sincerely,

Julie A. Peper, FSA, MAAA

Julie A. Pet

Principal and Senior Consulting Actuary

Brooke Steiner, ASA, MAAA

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Consulting Actuary



Appendix A

Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2023

I, Brooke Steiner, am associated with the firm of Wakely Consulting Group, LLC (Wakely), am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2023 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

- 1. The 2023 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- 2. Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- 3. The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- 4. The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible with Pharmacy Limit, Bronze Deductible without Pharmacy Limit, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, Silver Deductible CSR 77%, Silver Deductible CSR 87%, and Silver Deductible CSR 94%) that will be effective as of January 1, 2023 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.



In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

Brooke Steiner, ASA, MAAA

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May 4, 2022



Appendix B – Summary of Plan Design Changes from 2022 Designs

	Deductible Plans			
Plan	Platinum	Gold		
	increase medical deductible from \$400 to \$475	Increase medical deductible from \$1,200 to \$1,400		
Changes	Increase medical OOPM from \$1,400 to \$1,500	Increase medical OOPM from \$5,400 to \$5,600		
	becrease PCP and MH/SA office visit copay from \$15 to \$0 for first 3 visits (combined), then \$15 thereafter	Decrease PCP and MH/SA office visit copay from \$20 to \$0 for first 3 visits (combined), then \$20 thereafter		

	Deductible Plans				
Plan	Silver	Bronze w/ Rx Limit			
	Increase medical deductible from \$3,400 to \$4,000	Increase medical OOPM from \$8,700 to \$9,100			
	Increase pharmacy deductible from \$400 to \$500				
	Increase combined OOPM from \$8,550 to \$9,100				
	Increase ER copay from \$250 to \$500				
Changes	Decrease PCP and MH/SA office visit copay from \$35				
Changes	to \$0 for first 3 visits (combined), then \$40 thereafter				
	Increase specialist office visit copay from \$80 to \$90				
	Increase PT/chiro copays from \$45 to \$50				
	Increase urgent care copay from \$90 to \$100				
	Increase generic Rx copay from \$15 to \$20				
	Increase preferred brand Rx copay from \$60 to \$70				

	Deductible Plans
Plan	Bronze w/o Rx Limit
	Increase medical deductible from \$8,700 to \$9,000
Changes	Increase combined OOPM from \$8,700 to \$9,000
	Decrease PCP and MH/SA copay from \$40 to \$0 for
	first 3 visits (combined), then \$40 thereafter

	HDHPs HDHPs			
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP		
	increase medical deductible from \$1,850 to \$2,100	Increase medical deductible from \$5,700 to \$5,800		
Changes	Increase combined OOPIVI from \$6,900 to \$7,050	Increase combined OOPM from \$7,050 to \$7,100		
	Increase Rx deductible and OOPM from \$1,400 to \$1,500	Increase Rx deductible and OOPM from \$1,400 to \$1,500		
		Increase embedded single OOPM from \$8,700 to \$9,100		



Appendix C – On and Off-Exchange Reflective Silver Standard Plan Designs

	2023 Plan Designs - Si	Iver Deductible Plans	2023 Plan Designs - Silver HDHP Plans	
Deductible/OOP Max	On-Exchange	Off-Exchange	On-Exchange	Off- Exchange
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$4,000	\$4,000	\$2,100	\$2,100
Rx Ded	\$500	\$500	\$1,500	\$1,500
Integrated Ded	No	No	Yes	Yes
Medical MOOP	\$9,100	\$9,100	\$7,050	\$7,050
Rx MOOP	\$1,400	\$1,400	\$1,500	\$1,500
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	30%	30%
Outpatient	50%	50%	30%	30%
ER	\$500	\$500	30%	30%
Radiology (MRI, CT, PET)	50%	50%	30%	30%
Preventive	\$0	\$0	0%	0%
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	10%	10%
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	10%	10%
Specialist Office Visit	\$90	\$90	30%	30%
Chiropractic	\$50	\$50	30%	30%
Physical Therapy	\$50	\$50	30%	30%
Urgent Care	\$100	\$100	30%	30%
Ambulance	\$100	\$105	30%	35%
Rx Generic	\$20	\$20	\$10	\$10
Rx Preferred Brand	\$70	\$70	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%
Actuarial Value				
2023 Federal AVC, Adjusted if Necessary	71.7%	71.7%	71.3%	71.3%



Appendix D – Comments Relative to Applicable ASOPs

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

- 1. ASOP No. 23, Data Quality;
- 2. ASOP No. 25, Credibility Procedures;
- 3. ASOP No. 41, Actuarial Communications; and
- 4. ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- 5. ASOP No. 56 Modeling

ASOP 23: Data Quality

- <u>3.1 Overview</u> VHCURES data was used as the basis for the HDHP model and Vermontspecific insulin prescription data was used as the basis for the insulin limit impact. This data source was deemed reasonable for the analysis discussed in the management report.
- <u>3.2 Selection of Data</u> The data was considered reasonable for our analysis subject to the following considerations
 - a. The data sources contained all material data elements.
 - b. The following considerations were reviewed as part of our analysis:
 - 1. Data was appropriate and sufficiently current.
 - 2. Data was reasonable and comprehensive of the necessary data elements.
 - 3. There were no known, material limitations of the data.
 - 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
 - 5. Alternative data sets were not deemed necessary to complete the analysis.
 - 6. Sampling methods were not required.



- <u>3.3 Reliance on Data Supplied by Others</u> Reliance is discussed in the management report to which this appendix is attached.
- <u>3.4 Reliance on Other Information Relevant to the Use of Data</u> We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.
- <u>3.5 Review of Data</u> We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.
- 3.6 Limitation of the Actuary's Responsibility We did not audit the data.
- <u>3.7 Use of Data</u>— Use and adjustments to the data are discussed in this management report. In addition:
- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

ASOP 25: Credibility Procedures

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

ASOP 41: Actuarial Communications

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.



- <u>3.1.2 Form and Content</u> The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.
- <u>3.1.3 Timing of Communication</u> This report is provided in conjunction with the actuarial certification of the submitted actuarial values.
- <u>3.1.4 Identification of Responsible Actuary</u> The responsible actuary is identified in the attestation and this management report.
- <u>3.2 Actuarial Report</u> This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.
- <u>3.3 Specific Circumstances</u> No constraints apply beyond any discussed in the attachment management report.
- <u>3.4 Disclosures Within an Actuarial Report</u> all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:
 - 3.4.1 Uncertainty or Risk Uncertainty is discussed in the management report.
 - <u>3.4.2 Conflict of Interest</u> Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.
 - <u>3.4.3 Reliance on Other Sources for Data and Other Information</u> Reliance regarding data and assumptions are discussed in this management report.
 - <u>3.4.4 Responsibility for Assumptions and Methods</u> Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.
 - <u>3.4.5 Information Date of Report</u> -The management report lists the applicable dates for the analysis and correspondence.
 - <u>3.4.6 Subsequent Events</u> Subsequent events are listed in the Limitations and Disclosures section.
- <u>3.5 Explanation of Material Differences</u> Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.
- <u>3.6 Oral Communications</u> No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.
- 3.7 Responsibility to Other Users Intended users of this report have been specifically noted in the document.



ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act

- 3.1 Use of AVC or MVC The federal AVC was used.
- <u>3.2 Exceptions to the AVC</u> The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriate modeled in the AVC.
- 3.3 Exceptions to the MVC Not applicable.
- <u>3.4 Evaluating Non-Standard Plan Designs</u> The HDHP model was normalized to the federal AVC.
- <u>3.5 Reasonableness of Assumptions for Non-Standard Plan Designs</u> The assumptions used to modify the federal AVs were reviewed for reasonability.
- 3.6 Unreasonable Results Not applicable.
- 3.7 Documentation See ASOP 41 documentation above.



Appendix E – Standard Plan Designs

Deductible Plan Designs

Deductible/OOP Max	Platinum	Gold	Silver	Bronze w/ Rx Limit	Bronze w/o Rx Limit
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$425	\$1,400	\$4,000	\$6,450	\$9,000
Rx Ded	\$0	\$1,400 \$200	\$4,000 \$500	\$6,450 \$1,100	
	No				Yes
Integrated Ded Medical MOOP	\$1,500	\$5,600		\$9,100	
Rx MOOP	. ,	. ,	\$9,100	. ,	\$9,000
	\$1,400	\$1,400	\$1,400	\$1,400	N/A
Integrated MOOP	No.	No No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	50%	50%	0%
Outpatient	10%	30%	50%	50%	0%
ER	\$100	\$150	\$500	50%	0%_
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%
Preventive	\$0	\$0	\$0	\$0	0%
PCP Office Visit	First 3 Visits \$0, Then	First 3 Visits \$0, Then	First 3 Visits \$0, Then	\$35	First 3 Visits \$0, Then
	\$15	\$20	\$40	Ψ00	\$40
MH/SA Office Visit	First 3 Visits \$0, Then	First 3 Visits \$0, Then	First 3 Visits \$0, Then	\$35	First 3 Visits \$0, Then
	\$15	\$20	\$40	·	\$40
Specialist Office Visit	\$40	\$50	\$90	\$90	\$100
Chiropractic	\$20	\$30	\$50	\$45	\$50
Physical Therapy	\$20	\$30	\$50	\$45	\$50
Urgent Care	\$50	\$60	\$100	\$100	0%
Ambulance	\$60	\$70	\$100	\$100	0%
Rx Generic	\$10	\$12	\$20	\$15	\$30_
Rx Preferred Brand	\$50	\$55	\$70	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2023 Federal AVC, Adjusted if	90.1%	81.9%	71.7%	63.0%	64.4%
Necessary	90.1%	61.9%	1 1.1 70	03.076	04.476



Deductible Plan Designs – Cost Sharing Reduction Plans

Deductible/OOP Max	70% AV Silver	250-300% FPL	200-250% FPL	150-200% FPL	133-150% FPL
		(73% AV)	(77% AV)	(87% AV)	(94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$4,000	\$3,700	\$2,900	\$1,200	\$250
Rx Ded	\$500	\$450	\$350	\$250	\$0
Integrated Ded	No	No	No	No	No
Medical MOOP	\$9,100	\$7,250	\$6,300	\$2,400	\$1,000
Rx MOOP	\$1,400	\$1,300	\$1,200	\$450	\$200
Integrated MOOP	Rx -No, Medical -				
Integrated MOOF	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x				
Family Deductible / OOF	Individual	Individual	Individual	Individual	Individual
Medical Deductible waived for:	Prev, OV, UC, Amb				
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay /				
Service Category	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$500	\$500	\$350	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0,				
PCP Office visit	Then \$40	Then \$40	Then \$30	Then \$10	Then \$5
MH/SA Office Visit	First 3 Visits \$0,				
Will/SA Office visit	Then \$40	Then \$40	Then \$30	Then \$10	Then \$5
Specialist Office Visit	\$90	\$90	\$60	\$30	\$15
Chiropractic	\$50	\$50	\$35	\$12	\$6
Physical Therapy	\$50	\$50	\$35	\$12	\$6
Urgent Care	\$100	\$100	\$70	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$20	\$20	\$15	\$10	\$5
Rx Preferred Brand	\$70	\$70	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2023 Federal AVC, Adjusted if Necessary	71.7%	74.0%	77.9%	87.9%	94.9%



HDHP Plan Designs

	Plan Designs	_
Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,100	\$5,800
Rx Ded	\$1,500	\$1,500
Integrated Ded	Yes	Yes
Medical MOOP	\$7,050	\$7,100
Rx MOOP	\$1,500	\$1,500
Integrated MOOP	Yes	Rx -No, Medical - Yes
	Aggregate with Combined	Aggregate with Combined
Family Deductible / OOP	Medical/Rx embedded	Medical/Rx embedded
ranny Deadensie, CC.	\$9,100 Single OOPM; 2x	\$9,100 Single OOPM; 2x
Madical Deductible weight des	Individual	Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	50%
Outpatient	30%	50%
ER (AID) OT DET)	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Chiropractic	30%	50%
Physical Therapy	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2023 Federal AVC, Adjusted if Necessary	71.3%	62.5%



HDHP Plan Designs – Cost Sharing Reduction Plans

	HDIII Hali	Designs - Cost Sharing Re			
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$2,100	\$2,000	\$1,700	\$1,500	\$550
Rx Ded	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical MOOP	\$7,050	\$6,000	\$4,600	\$1,500	\$550
Rx MOOP	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated MOOP	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
Chiropractic	30%	25%	25%	0%	0%
Physical Therapy	30%	25%	25%	0%	0%
Urgent Care	30%	25%	25%	0%	0%
Ambulance	30%	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2023 Federal AVC, Adjusted if Necessary	71.3%	73.4%	77.4%	87.2%	94.3%



Appendix F – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$9,100	Stacked MOOP	Drug Regulation	Preventive Drugs	Insulin Cost Sharing Limit	\$0 Cost Share on PCP/MHSA Visits	AV from AVC	Final Adjusted AV
Bronze Deductible (without pharmacy limit)	No	No	No	No	No	Yes	Yes	64.3%	64.4%
Silver HDHP	Yes	Yes	No	Yes	Yes	No	No	73.5%	71.3%
Bronze HDHP	Yes	Yes	No	Yes	Yes	Yes	No	64.2%	62.5%
Silver Deductible	No	No	No	Yes	No	No	Yes	70.5%	71.7%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	Yes	No	62.0%	63.0%
Silver HDHP - CSR 73%	Yes	Yes	No	Yes	Yes	No	No	75.5%	73.4%
Silver HDHP - CSR 77%	Yes	Yes	No	Yes	Yes	No	No	79.5%	77.4%
Silver HDHP - CSR 87%	Yes	No	No	No	Yes	No	No	87.7%	87.2%
Silver HDHP - CSR 94%	Yes	No	No	No	Yes	No	No	94.3%	94.3%
Silver Deductible CSR – 73%	No	No	Yes	Yes	No	No	Yes	73.0%	74.0%
Silver Deductible CSR – 77%	No	No	Yes	Yes	No	No	Yes	77.3%	77.9%
Silver Deductible CSR – 87%	No	No	Yes	Yes	No	No	Yes	87.6%	87.9%
Silver Deductible CSR – 94%	No	No	Yes	Yes	No	No	Yes	94.7%	94.9%



Appendix G – Screen Shots and AV Development

- 1. Bronze Deductible Plan (without pharmacy limit)
- 2. Silver HDHP Embedded MOOP
- 3. Bronze HDHP Embedded MOOP
- 4. Silver Deductible Plan
- 5. Bronze Deductible Plan (with pharmacy limit)
- 6. Silver HDHP Embedded MOOP CSR 73%
- 7. Silver HDHP Embedded MOOP CSR 77%
- 8. Silver HDHP Embedded MOOP CSR 87%
- 9. Silver HDHP Embedded MOOP CSR 94%
- 10. Silver Deductible CSR 73%
- 11. Silver Deductible CSR 77%
- 12. Silver Deductible CSR 87%
- 13. Silver Deductible CSR 94%



BRONZE DEDUCTIBLE (WITHOUT PHARMACY LIMIT)

AV from AVC = 64.3%

Adjusted AV = 64.3% * 1.001(MH/SA Copay Adj) = 64.4%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?			loyer Contribution			d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantal	h	¢0.00	1s ⁻	t Tier Utilization:	: 100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00	2nd	Tier Utilization:	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		r 1 Plan Benefit De		_		2 Plan Benefit I				
Deductible (\$)	Medical	Drug	\$9,000.00	- I	Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$9,000.00	1 1						
MOOP if Separate (\$)			70,000.00	- 1			•			
	,	•	•			•	•			
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies on	y after deductible?
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	□All	Пап
Emergency Room Services	✓ All	✓ All			□ All	AII				All
All Inpatient Hospital Services (inc. MH/SUD)	✓	₩								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$40.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	_	_				
Services				\$40.00						
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy	V	V								
				\$50.00						
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	<u> </u>								
X-rays and Diagnostic Imaging Skilled Nursing Facility	☑	<u>v</u>								
	✓									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	⊌								
Drugs	□All	☐ All			☐ All	☐ All			□All	☐ All
Generics			-	\$30.00						
Preferred Brand Drugs	V	V								
Non-Preferred Brand Drugs	V	v								
Specialty Drugs (i.e. high-cost)	V	✓								
Options for Additional Benefit Design Limits:		-	Plan Description	:						
				2023 Bronze						
				Deductible Plan -						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	without Rx Limit						
Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?	_		Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	П		Issuer HIOS ID: AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	[2]		Ave version.	2023_10						
# Visits (1-10):	3									
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?	_									
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		Standard (58% to 6	5%), Calculation S	uccessful.						
Actuarial Value:	64.33%									
Metal Tier:	Bronze									
	NOTE: Office-visit	-specific cost-shari	ng is applying to x-	rays in office setting	gs.					
Additional Notes:										
Calculation Time:	0.1172 seconds									
Draft 2023 AV Calculator										



SILVER HDHP - EMBEDDED MOOP

AV from AVC = 73.5%

Adjusted AV = 71.3%

AVC Screen Shot:

Jser Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tier	ed Network Opt	ion
Apply Inpatient Copay per Day?	☐ HSA/HRA Employer Contribution? ☐				Tiered Network Plan?		
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount: \$0.00		1st 1	Tier Utilization:	100%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	oution Amount:	\$0.00	2nd 1	Tier Utilization:	0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier_	Silver •						
	Tie	r 1 Plan Benefit De	sign		Tier 2	Plan Benefit De	esign
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$2,100.00				
Coinsurance (%, Insurer's Cost Share)			70.00%				
MOOP (\$)			\$7,050.00				
MOOP if Separate (\$)							
lick Here for Important Instructions		Tie				_	er 2

Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies onl	y after deductible?
Medical	□ All	□ All			All	☐ All			□All	☐ All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓	\$0.90							
Specialist Visit	v	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	✓	✓	\$0.90							
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy	V	V								
Occupational and Physical Therapy	✓	✓								
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	V								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	□All	□AII			□All	☐ All			□All	☐ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	V			\$40.00					V	
Non-Preferred Brand Drugs	ℯ	V	50%							
Specialty Drugs (i.e. high-cost)	✓	V	50%							
Options for Additional Benefit Design Limits:		_	Plan Description:							

2023 Silver Set a Maximum on Specialty Rx Coinsurance Payments? HDHP Plan Specialty Rx Coinsurance Maximum: Plan HIOS ID: Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: 2023_1e AVC Version: # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of # Copays (1-10): Output Calculate Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation. Actuarial Value: Metal Tier: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. Additional Notes: 0.0938 seconds

Draft 2023 AV Calculator



Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

nputs						
Enter valu	ues in the blue cells b	elow. choose a set	tina option from th	ne drop down box, an	d press 'Calculate'.	
	alculate' anytime an	•				
	hat the model run-ti					
A mess	sage box will appear	to indicate that th	e calculations are d	done.		
		Medical	Rx			
lı .	ndividual Deductible	2,100	2,100			
	Family Deductible	4,200	4,200			
Indiv	idual Out-of-Pocket	7,050	7,050			
Fa	amily Out-of-Pocket	14,100	14,100			
Coinsu	ırance (50% or Less)	27%	26%			
Individua	al Embedded Moop:	9,100				
		C	osts that Accumul	ate		
			(OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$116.84	\$604.13		
	Plan PMPM		\$87.68	\$443.89		
	Actuarial Value		75.0%	73.48%		



Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calcu	late'.
Press 'Ca	lculate' anytime a	ın input or dropdo	own selection is ch	anged.		
Note th	at the model run-	time will vary bas	sed on the comput	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	t the calculations o	are done.		
		Medical	Rx			
Indiv	idual Deductible	2,100	1,500			
F	amily Deductible	4,200	3,000			
Individu	ıal Out-of-Pocket	7,050	1,500			
Fam	ily Out-of-Pocket	14,100	3,000			
Coinsura	nce (50% or Less)	27%	26%			
Individual E	mbedded Moop:	9,100				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		De ductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$487.29	\$116.84	\$604.13		
	Plan PMPM	\$337.70	\$93.17	\$430.87		
	Actuarial Value	69.3%	79.7%	71.32%		



BRONZE HDHP – EMBEDDED MOOP

AV from AVC = 64.2%

Adjusted AV = 62.5%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00	15	t Tier Utilization	: 100%			
Use Separate MOOP for Medical and Drug Spending?		Allilual Colliti	button Amount.	30.00	2nd	d Tier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		r 1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,800.00							
Coinsurance (%, Insurer's Cost Share) MOOP (\$)			50.00% \$7,100.00	-						
MOOP if Separate (\$)			\$7,100.00	_						
MOOF II Separate (3)							-			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
туре от венени	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductibler
Medical	□ AII	☐ All			☐ All	☐ All			□All	☐ All
Emergency Room Services	₹	₹								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓								
Specialist Visit	v	₹								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	v	v								
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy	V	V								
	☑	☑								
Occupational and Physical Therapy	•	•				П				Ц
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	₹								
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	V	v								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	✓								
Outpatient Surgery Physician/Surgical Services	✓	✓								
Drugs	□AII	☐ All			□AII	☐ All			□All	☐ All
Generics	V			\$12.00					V	
Preferred Brand Drugs	v	v	\$0.60							
Non-Preferred Brand Drugs	V	V	40%							
Specialty Drugs (i.e. high-cost)	V	V	40%							
Options for Additional Benefit Design Limits:		1	Plan Description							
				2023 Bronze						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	HDHP Plan						
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	П		Issuer HIOS ID: AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC Version:	2025_1e						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:		tside of [-2, +2] per	rcent de minimis va	riation.						
Actuarial Value:	64.21%									
Metal Tier:										
Additional Notes:										
Calculation Time:	0.125 seconds									
Dreft 2022 AV Celeviator										

Draft 2023 AV Calculator



Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

nputs						
•						
	ues in the blue cells b			·	nd press 'Calculate'.	
	`alculate' anytime an					
	that the model run-ti		•	•		
Ames	sage box will appear	to maicate that the	e calculations are (done.		
		Medical	Rx			
ı	ndividual Deductible	5,800	5,800			
	Family Deductible	11,600	11,600			
Indiv	vidual Out-of-Pocket	7,100	7,100			
Fa	amily Out-of-Pocket	14,200	14,200			
Coinsu	urance (50% or Less)	48%	47%			
Individu	al Embedded Moop:	9,100				
		C	Costs that Accumu	late		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$504.84	\$121.05	\$625.89		
	Plan PMPM	\$320.36	\$81.46	\$401.82		
	Actuarial Value	63.5%	67.3%	64.20%		



Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option fro	m the drop down i	box, and press 'Calcu	late'.
	alculate' anytime a			·		
Note th	nat the model run-	time will vary bas	ed on the compu	ters processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations	are done.		
		Medical	Rx			
Indiv	vidual Deductible	5,800	1,500			
F	amily Deductible	11,600	3,000			
Individu	ual Out-of-Pocket	7,100	1,500			
Fam	ily Out-of-Pocket	14,200	3,000			
Coinsura	nce (50% or Less)	48%	47%			
Individual E	mbedded Moop:	9,100				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		De ductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	(
		_ Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$504.84	\$121.05	\$625.89		
	Plan PMPM	\$301.74	\$89.59	\$391.33		
	Actuarial Value	59.8%	74.0%	62.52%		



SILVER DEDUCTIBLE

AV from AVC = 70.5%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 64.98%/63.92% = 1.017 x .705 = 71.7% *1.001 (MH/SA Copay Adj) = 71.7%

Adjusted AV = 71.7%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible	? 🗆		HSA/HRA Option	S	Tie	ered Network Op	tion			
Apply Inpatient Copay per Day	? 🗆	HSA/HRA Empl	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day	? 🗆	Annual Contril	bution Amount:	\$0.00	1s	t Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending		7 umadi Contin	oution 7 uniounit.	\$0.00	2nd	d Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard										
Desired Metal Tie				-						
		1 Plan Benefit De				2 Plan Benefit D				
Deductible (\$	Medical \$4,000.00	Drug \$500.00	Combined	-	Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share		50.00%								
MOOP (\$		00.00								
MOOP if Separate (\$		50.00		-						
	,			1			ı			
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
T (D (')	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	C	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductible
Medical	□ All	☐ All			☐ All	All			☐ All	☐ All
Emergency Room Services	V			\$500.00						
All Inpatient Hospital Services (inc. MH/SUD)	v	₹								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays				\$40.00						
, , , , , , , , , , , , , , , , , , , ,										
Specialist Visit				\$90.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00						
Services				+						
Imaging (CT/PET Scans, MRIs)	☑	V								
Speech Therapy				\$90.00						
Occupational and Bharles I Theorem				\$50.00						
Occupational and Physical Therapy Preventive Care/Screening/Immunization			\$1.00	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services	☑	<u> </u>	\$1.00	\$0.00			100%	\$0.00		
X-rays and Diagnostic Imaging	☑	<u> </u>								
Skilled Nursing Facility	<u>N</u>	<u> </u>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~								
Outpatient Surgery Physician/Surgical Services	☑	✓								
Drugs	□All	All			All	All			□All	□AII
Generics				\$20.00						
Preferred Brand Drugs	✓			\$70.00					v	
Non-Preferred Brand Drugs	V	v								
Specialty Drugs (i.e. high-cost)	V	V								
Options for Additional Benefit Design Limits:		,	Plan Description							
				2023 Silver						
Set a Maximum on Specialty Rx Coinsurance Payments			Name:	Deductible Plan						
Specialty Rx Coinsurance Maximum			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay			Issuer HIOS ID:							
# Days (1-10)			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits # Visits (1-10)										
Begin Primary Care Deductible/Coinsurance After a Set Number o										
Copays'										
# Copays (1-10)										
Output # copays (1-10)										
Calculate										
Status/Error Messages:	Calculation Succes	sful.								
Actuarial Value:	70.50%									
Metal Tier:	Silver									
	NOTE: Office-visit-	specific cost-shari	ng is applying to x-	rays in office settin	gs.					
Additional Notes:										
Calculation Time:	0.0586 seconds									

Draft 2023 AV Calculator



Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells b	elow, choose a set	ting option from th	e drop down box, an	nd press 'Calculate'.	
	alculate' anytime an			•		
	hat the model run-ti					
A mess	sage box will appear	to indicate that th	e calculations are a	one.		
		Medical	Rx			
Ir	ndividual Deductible	4,000	500			
	Family Deductible	8,000	1,000			
Indiv	idual Out-of-Pocket	9,100	9,100			
Fa	amily Out-of-Pocket	18,200	18,200			
Coinsu	ırance (50% or Less)	46%	33%			
Individua	al Embedded Moop:	9,100				
		C	Costs that Accumula	ate		
			C	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	re e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$484.98	\$116.29	\$601.27		
	Plan PMPM	\$295.74	\$88.57	\$384.32		
	Actuarial Value	61.0%	76.2%	63.92%		



Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

nputs						
Enter valu	ies in the blue cells b	pelow, choose a set	ting option from th	ne drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is chang	ed.		
Note t	hat the model run-ti	ime will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are o	done.		
		Medical	Rx			
Ir	ndividual Deductible	4,000	500			
	Family Deductible	8,000	1,000			
Indiv	idual Out-of-Pocket	9,100	1,400			
Fa	amily Out-of-Pocket	18,200	2,800			
Coinsu	rance (50% or Less)	46%	33%			
Individua	al Embedded Moop:	9,100				
		C	osts that Accumu	ate		
			(OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
	Cal		e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$484.98	\$116.29	\$601.27		
	Plan PMPM	\$292.07	\$98.62	\$390.69		
	Actuarial Value	60.2%	84.8%	64.98%		



BRONZE DEDUCTIBLE (WITH PHARMACY LIMIT)

AV from AVC = 62.0%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 62.15%/61.15% = 1.016 x .620 = 63.0%

Adjusted AV = 63.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	Ш		HSA/HRA Options			ered Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00	1s	t Tier Utilization	100%			
Use Separate MOOP for Medical and Drug Spending?		Aillidal Colletti	oution Amount.	\$0.00	2nd	d Tier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Bronze 💌			_						
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$6,450.00	\$1,100.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%								
MOOP (\$)	\$9,1	00.00								
MOOP if Separate (\$)				_						
• • • • • • • • • • • • • • • • • • • •		•	•				•			
Click Here for Important Instructions		Tie	r 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible?
Medical	All	All	unterent	эсрагасс	All	All	uniciciit	Separate	All	□ All
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>								
All impatient hospital services (inc. Min/300)	V	V			П					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑			\$35.00					☑	
Specialist Visit	V			\$90.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	☑			\$35.00					✓	
Services										
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy	✓			\$90.00					~	
	✓			\$45.00					✓	
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	>	~								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient racinty ree (e.g., Ambulatory Surgery Center)	M	M								ш
Outpatient Surgery Physician/Surgical Services	>	₽								
Drugs	□ All	☐ All			☐ All	☐ All			□All	☐ All
Generics				\$15.00						
Preferred Brand Drugs	I			\$85.00					V	
Non-Preferred Brand Drugs		<u> </u>								
Specialty Drugs (i.e. high-cost)	N N	V								
Options for Additional Benefit Design Limits:			Plan Description	:						
		1		2023 Bronze						
	_			Deductible Plan -						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	with Rx Limit						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	WICH IX LITTLE						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		-	AVC VEISIOII.	2023_16						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output # Copays (1-10).		1								
Calculate										
	Evpanded Bresse	Standard (E00/ to C	EW) Calculation C	uccoccful						
		Standard (58% to 6	5%), Calculation Si	uccesstul.						
	61.95%									
	Bronze									
	NU (E: Office-visit	-specific cost-shari	ng is applying to x-	rays in office settir	ngs.					
Additional Notes:										
Calculation Time:	0.0664 seconds									
Draft 2023 AV Calculator										



Bronze Deductible (Continuing, with pharmacy limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells b	elow, choose a set	ting option from th	e drop down box, ar	nd press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	ed.		
Note t	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that th	e calculations are d	done.		
		Medical	Rx			
Ir	ndividual Deductible	6,450	1,100			
	Family Deductible	12,900	2,200			
Indiv	idual Out-of-Pocket	9,100	9,100			
Fa	amily Out-of-Pocket	18,200	18,200			
Coinsu	rance (50% or Less)	46%	41%			
Individua	al Embedded Moop:	9,100				
		C	Costs that Accumul	ate		
			(OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$504.38	\$120.94	\$625.32		
	Plan PMPM	\$293.84	\$88.53	\$382.37		
	Actuarial Value	58.3%	73.2%	61.15%		



Bronze Deductible (Continuing, with pharmacy limit), Continued

HDHP Model – With Prescription Drug Adjustments:

from the drop s changed. sputers process ns are done.		and press 'Calculate'.	
s changed. uputers process ns are done. 00			
ns are done.	ssing speed.		
00			
00			
00			
00			
10			
,0			
00			
%			
ccumulate			
OOP		Deductible /	
ical	Rx	OOP Type	
Rx Rx Or	nly	Stacked	
	Total		
94 (5625 32		
.94	\$625.32 \$388.64	_	
	-	0.94 \$625.32 55 \$388.64	0.94 \$625.32



SILVER HDHP – EMBEDDED MOOP CSR – 73%

AV from AVC = 75.5%

Adjusted AV = 73.4%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	₹		HSA/HRA Option	5	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗆	Tiere	d Network Plan	2 0			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantal	hustina Amanas	\$0.00	1s	t Tier Utilization	: 100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00	2nd	d Tier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	₹									
Desired Metal Tier	Silver 💌									
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,000.00	7						
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$6,000.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			1	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
Type of beliefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	copuy applies only	urter deductible.
Medical	□ All	☐ All			□ All	☐ All			□All	☐ All
Emergency Room Services	₹	₹								
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)			\$0.90							
Frimary Care visit to Treat an Injury of liness (exc. Freventive, and Arrays)	✓	₹	\$0.50							
Specialist Visit	✓	₹								
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_	\$0.90		_				_	
Services	✓	₩	\$0.50							
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy	•	₩								
	▼	₹			П					
Occupational and Physical Therapy	·	•								
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	✓								
X-rays and Diagnostic Imaging	₹	✓								
Skilled Nursing Facility	✓	✓								
Outpotiont English For (o.g. Ambulatons Surgery Contact	•	₹								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			L L				"	U
Outpatient Surgery Physician/Surgical Services	✓	₹								
Drugs	□ All	☐ All			□ All	☐ All			□ All	☐ All
Generics	₹			\$10.00					₹	
Preferred Brand Drugs	₹			\$40.00					₹	
Non-Preferred Brand Drugs	₹	₹	50%							
Specialty Drugs (i.e. high-cost)	₹	✓	50%							
Options for Additional Benefit Design Limits:			Plan Description	:						
]		2023 HDHP Plan						
				CSR Variations -						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	73%						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?]	Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		J								
Output										
Calculate										
		tside of [0, +1] per	cent de minimis va	riation for CSRs.						
	75.45%									
Metal Tier:										
	NOTE: Office-visit	-specific cost-shari	ing is applying to x	rays in office setti	ngs.					
Additional Notes:										
Calculation Time:	0.1094 seconds									
Draft 2022 AV Calculator										



Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

nputs						
•	ues in the blue cells b	valow choose a set	ting ontion from th	e dron down hov, an	nd press 'Calculate'	
	alculate' anytime an				d press calculate.	
	hat the model run-ti					
	sage box will appear	•				
		Medical	Rx			
Ir	ndividual Deductible	2,000	2,000			
	Family Deductible	4,000	4,000			
Indiv	idual Out-of-Pocket	6,000	6,000			
Fa	amily Out-of-Pocket	12,000	12,000			
Coinsu	rance (50% or Less)	23%	26%			
Individua	al Embedded Moop:	9,100				
		C	osts that Accumula	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	e			
Results						
resuits						
		Medical	Rx	Total		
	Allowed PMPM	\$488.21	\$117.06	\$605.27		
	Plan PMPM	\$367.93	\$88.76	\$456.69		
	Actuarial Value	75.4%	75.8%	75.45%		



Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter value	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calcı	ılate'.
Press 'Ca	lculate' anytime a	ın input or dropdo	wn selection is ch	anged.		
Note th	at the model run-	time will vary bas	ed on the comput	ers processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	idual Deductible	2,000	1,500			
F	amily Deductible	4,000	3,000			
Individu	ndividual Out-of-Pocket 6,000		1,500			
Fami	ily Out-of-Pocket	12,000	3,000			
Coinsura	nce (50% or Less)	23%	26%			
Individual E	mbedded Moop:	9,100				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		De ductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	ce			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$488.21	\$117.06	\$605.27		
	Plan PMPM	\$350.47	\$93.58	\$444.06		
	Actuarial Value	71.8%	79.9%	73.36%		



SILVER HDHP - EMBEDDED MOOP CSR - 77%

AV from AVC = 79.5%

Adjusted AV = 77.4%

AVC Screen Shot:

User Inputs for Plan Parameters		-						
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options			Tiered Network Option		
Apply Inpatient Copay per Day?	☐ HSA/HRA Emplo		oyer Contribution?		Tiered Network Plan?			
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:		\$0.00	1st Tier Utilization:		100%	
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	ution Amount:	\$0.00	2nd ¹	Tier Utilization:	0%	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~	•						
Desired Metal Tier	Gold ▼							
		Tier 1 Plan Benefit De	sign		Tier 2	2 Plan Benefit D	esign	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)			\$1,700.00					
Coinsurance (%, Insurer's Cost Share)			75.00%					
MOOP (\$)			\$4,600.00					
MOOP if Separate (\$)								
- -	_		•					

Click Here for Important Instructions		Tie	r1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☐ All	☐ All			All	☐ All			□ All	☐ All
Emergency Room Services	✓	✓								
All Inpatient Hospital Services (inc. MH/SUD)	v	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓	\$0.90							
Specialist Visit	✓	₹								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	v	V	\$0.90							
Imaging (CT/PET Scans, MRIs)	✓	v								
Speech Therapy	V	V								
Occupational and Physical Therapy	✓	✓								
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	₹.	✓								
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	v	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	v	₹								
Drugs	☐ All	☐ All			All	☐ All			☐ All	☐ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	v			\$40.00					V	
Non-Preferred Brand Drugs	v	v	50%							
Specialty Drugs (i.e. high-cost)	✓	V	50%							

Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Output

Plan Description: 2023 HDHP Plan CSR Variations -Plan HIOS ID: Issuer HIOS ID: 2023_1e

Calculate
Status/Error Messages: Error: Result is outside of [0, +1] percent de minimis variation for CSRs.

Actuarial Value: Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0938 seconds

Draft 2023 AV Calculator



Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

nputs						
•						
	ies in the blue cells b				nd press 'Calculate'.	
	alculate' anytime an					
	hat the model run-ti sage box will appear	•				
Ailless	sage box will appear	lo maicate that the	Carculations are a	one.		
		Medical	Rx			
lı .	ndividual Deductible	1,700	1,700			
	Family Deductible	3,400	3,400			
Indiv	ridual Out-of-Pocket	4,600	4,600			
Fa	amily Out-of-Pocket		9,200			
Coinsu	urance (50% or Less)	23%	26%			
Individua	al Embedded Moop:	9,100				
		C	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
	Calcula		e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$546.41	\$131.02	\$677.43		
	Plan PMPM	\$434.37	\$104.28	\$538.66		
	Actuarial Value	79.5%	79.6%	79.52%		



Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
iliputs			<u> </u>			
				·	box, and press 'Calcul	ate'.
	alculate' anytime a					
	hat the model run-				eed.	
A mess	sage box will appe	ar to indicate that	t the calculations o	are done.		
		Medical	Rx			
Indi	ividual Deductible	1,700	1,500			
	Family Deductible	3,400	3,000			
	ual Out-of-Pocket	· · · · · · · · · · · · · · · · · · ·	1,500			
	Family Out-of-Pocket 9,200 Coinsurance (50% or Less) 23%		3,000			
			26%			
		9,100	2070			
Individual	dividual Embedded Moop: 9,					
	C		osts that Accumula		Dodustible /	
		Do dootible	_	OP D	Deductible /	
	Fattings.	De ductible	Medical Medical & Rx	Rx	OOP Type	
	Settings	Medical & Rx	iviedical & KX	Rx Only	Aggregate Plus	6
		_ Calculat	te			
		-				
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$131.02	\$677.43		
	Plan PMPM		\$106.97	\$524.48		
	Actuarial Value	76.4%	81.6%	77.42%		



SILVER HDHP – EMBEDDED MOOP CSR – 87%

AV from AVC = 87.7%

Adjusted AV = 87.2%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	5	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:	\$0.00	1st 7	Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Alliluai Colitili	duon Amount.	\$0.00	2nd 1	lier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold ▼									
		1 Plan Benefit De				2 Plan Benefit [
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,500.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$1,500.00							
MOOP if Separate (\$)			J							
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate	deduct	
Medical	□ All	☐ All			All	☐ All			□ All	☐ All
Emergency Room Services	~	•								
All Inpatient Hospital Services (inc. MH/SUD)	~	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	•	✓							_	
X-rays)										_
Specialist Visit	V	~								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	•	•								
Imaging (CT/PET Scans, MRIs)	~	~								
Speech Therapy	>	V								
	•	•								
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	✓								
X-rays and Diagnostic Imaging	~	~								
Skilled Nursing Facility	~	•								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	¥								
Outpatient Surgery Physician/Surgical Services	~	~								
Drugs	□ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	~	V								
Preferred Brand Drugs	•	•								
Non-Preferred Brand Drugs	•	V								
Specialty Drugs (i.e. high-cost)	•	~								
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2023 HDHP Plan	CSR Variations	- 87%				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays? #Copays (1-10):										
Output		l								
Calculate										
	CSR Level of 87%	(150-200% FPI)	Calculation Succes	ssful.						
	87.71%	(
	Gold									
Additional Notes:										
Calculation Times	0.1016									
Calculation Time: Draft 2023 AV Calculator	0.1016 seconds									
DIGIT 2025 AV CAICUISTOF										



Silver HDHP - Embedded MOOP CSR - 87%, Continued

HDHP Model – Normalization:

lata						
Inputs						
Enter valu	ies in the blue cells	below, choose a s	setting option fro	m the drop down	box, and press 'Calculo	ate'.
Press 'Co	alculate' anytime d	ın input or dropdo	wn selection is ch	anged.		
	hat the model run-				eed.	
A mess	sage box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	1,500	1,500			
	amily Deductible	3,000	3,000			
Individ	ual Out-of-Pocket	1,500	1,500			
Fam	ily Out-of-Pocket	3,000	3,000			
Coinsura	ance (50% or Less)	0%	0%			
Individual I	Embedded Moop:	9,100				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		De ductible De ductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		 Calculat]			
		Calculat	.e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$510.38	\$122.38	\$632.76		
	Plan PMPM	\$446.84	\$108.12	\$554.96		
	Actuarial Value	87.6%	88.3%	87.70%		



Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

			1			
Inputs						
Enter value	es in the blue cells	below, choose a s	setting option fro	m the drop down i	box, and press 'Calcul	ate'.
Press 'Ca	lculate' anytime a	ın input or dropdo	wn selection is ch	anged.		
Note th	at the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,500	1,500			
F	amily Deductible	3,000	3,000			
Individu	ial Out-of-Pocket	1,500	1,500			
Fami	ily Out-of-Pocket	3,000	3,000			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	mbedded Moop:	9,100				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		_ Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$510.38	\$122.38	\$632.76		
	Plan PMPM	\$444.20	\$107.53	\$551.73		
	Actuarial Value	87.0%	87.9%	87.19%		



SILVER HDHP - EMBEDDED MOOP CSR - 94%

AV from AVC = 94.3%

Adjusted AV = 94.3%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	ered Network Op	tion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		t Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		7 minder Contrib	odcion / uno dinc.	\$0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier				-						
		r 1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$550.00							
Coinsurance (%, Insurer's Cost Share)			100.00%	4						
MOOP (\$)			\$550.00	_						
MOOP if Separate (\$)			l							
and the second second										
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to	Coinsurance, if different	Copay, if	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applies only	after deductible?
		Coinsurance?	airrerent	separate			airrerent	separate		
Medical	□ All	□ All			All	□ All			□ All	All
Emergency Room Services	<u> </u>	<u> </u>							<u> </u>	
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	₩.	₩.								
Specialist Visit	₹	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient		_				_				_
Services	☑	✓								
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy	✓	V								
Occupational and Physical Therapy	✓	₩							_	
Preventive Care/Screening/Immunization	П	П	\$1.00	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services	☑	✓	\$1.00	Ş0.00			100%	30.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>								
Skilled Nursing Facility	<u>v</u>	<u> </u>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	V								
Outpatient Surgery Physician/Surgical Services	₹.	✓								
Drugs	☐ All	☐ All			☐ All	☐ All			□All	☐ All
Generics	V	v								
Preferred Brand Drugs	✓	v								
Non-Preferred Brand Drugs	✓	v								
Specialty Drugs (i.e. high-cost)	V	✓								
Options for Additional Benefit Design Limits:		,	Plan Description:							
				2023 HDHP Plan CSR Variations -						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	94%						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П									
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?	_									
# Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:	CSR Level of 94% (100-150% FPL), Ca	lculation Successfu	ul.						
Actuarial Value:	94.29%									
Metal Tier:	Platinum									
Additional Notes:										
Calculation Time:	0.1055 seconds									
Draft 2023 AV Calculator										



Silver HDHP - Embedded MOOP CSR - 94%, Continued

HDHP Model – Normalization:

nputs						
Enter valu	ies in the blue cells b	pelow, choose a seti	tina option from th	e drop down box. an	d press 'Calculate'.	
	alculate' anytime an	•				
	hat the model run-ti					
A mess	sage box will appear	to indicate that the	e calculations are d	lone.		
		Medical	Rx			
ll .	ndividual Deductible	550	550			
	Family Deductible	1,100	1,100			
Indiv	idual Out-of-Pocket	550	550			
Fa	amily Out-of-Pocket	1,100	1,100			
Coinsu	ırance (50% or Less)	0%	0%			
Individua	al Embedded Moop:	9,100				
		C	osts that Accumul	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$110.09	\$569.20		
	Plan PMPM	\$432.96	\$103.76	\$536.72		
	Actuarial Value	94.3%	94.3%	94.29%		



Silver HDHP - Embedded MOOP CSR - 94%, Continued

HDHP Model – Adjusted Actuarial Value:

nputs						
•	es in the blue cells b	elow choose a seti	ting ontion from the	e dron down hov, a	nd nress 'Calculate'	
	alculate' anytime an				la press calculate.	
	hat the model run-ti					
	sage box will appear	· · · · · · · · · · · · · · · · · · ·				
		Medical	Rx			
In	ndividual Deductible	550	550			
	Family Deductible	1,100	1,100			
Indivi	idual Out-of-Pocket	550	550			
Fa	mily Out-of-Pocket	1,100	1,100			
Coinsu	rance (50% or Less)	0%	0%			
Individua	al Embedded Moop:	9,100				
		C	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculate				
esults						
		Medical	Rx	Total		
	Allowed PMPM	\$459.11	\$110.09	\$569.20		
	Plan PMPM	\$432.95	\$103.69	\$536.64		
	Actuarial Value	94.3%	94.2%	94.28%		



SILVER DEDUCTIBLE CSR – 73%

AV from AVC = 73.0%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 67.89%/67.04% = 1.013 x 73.0% = 73.9% * 1.001 (MH/SA Copay Adj) = 74.0%

Adjusted AV = 74.0%

AVC Screen Shot:

AVC Screen Shot:							
User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?		☐ HSA/HRA Options				red Network O	otion
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Tiere	d Network Plan?	? 🗆
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00	1st	Tier Utilization:	: 100%
Use Separate MOOP for Medical and Drug Spending?		Alliuai Colitiii	oution Amount.	\$0.00	2nd	Tier Utilization:	: 0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓						
Desired Metal Tier	Silver						
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)	\$3,700.00	\$450.00					
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%					
MOOP (\$)		50.00					
MOOP if Separate (\$)			_				1
•							
Click Here for Important Instructions		Tie	r1			Т	ier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if
Type of Belletik	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different
Medical	☐ All	☐ All			☐ All	☐ All	
Emergency Room Services	V			\$500.00			
All Inpatient Hospital Services (inc. MH/SUD)	2	V					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$40.00			

Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Emergency Room Services	✓			\$500.00						
All Inpatient Hospital Services (inc. MH/SUD)	v	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$40.00						
Specialist Visit				\$90.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$40.00						
Imaging (CT/PET Scans, MRIs)	v	V								
Speech Therapy				\$90.00						
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	~								
X-rays and Diagnostic Imaging	v	☑								
Skilled Nursing Facility	V	₹.								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	✓	₽								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$20.00						
Preferred Brand Drugs	v			\$70.00					V	
Non-Preferred Brand Drugs	v	v								
Specialty Drugs (i.e. high-cost)	<	V								

Options for Additional Benefit Design Limits:			Plan Descrip	otion:
				2023 Deductible
				Plan CSR
Set a Maximum on Specialty Rx Coinsurance Pa	iyments?		Name:	Variations - 73%
Specialty Rx Coinsurance M	aximum:		Plan HIOS II	D:
Set a Maximum Number of Days for Charging an II	P Copay?		Issuer HIOS	ID:
# Dar	ys (1-10):		AVC Version	n: 2023_1e
Begin Primary Care Cost-Sharing After a Set Number	of Visits?			
# Visi	ts (1-10):	3		
Begin Primary Care Deductible/Coinsurance After a Set No	umber of 🔲			
	Copays?			
# Copar	ys (1-10):			
Output			-	
Calculate				
Status/Error Messages:	CSR L	evel of 73%	(200-250% FPL), Calculation Succ	cessful.
Actuarial Value:	73.02	%		
Metal Tier:	Silver			
	NOTE	: Office-visit	-specific cost-sharing is applying	to x-rays in office settin
Additional Notes:				
Calculation Time:	0.062	5 seconds		

Draft 2023 AV Calculator



Silver Deductible CSR - 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

nputs						
Enter valu	es in the blue cells b	elow, choose a set	ting option from th	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	ed.		
Note ti	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are a	lone.		
		Medical	Rx			
Ir	ndividual Deductible	3,700	450			
	Family Deductible	7,400	900			
Indivi	idual Out-of-Pocket	7,250	7,250			
Fa	mily Out-of-Pocket	14,500	14,500			
Coinsu	rance (50% or Less)	44%	33%			
Individua	l Embedded Moop:	7,250				
		C	osts that Accumul	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	e			
Results						
vesuits			1			
		Medical	Rx	Total		
	Allowed PMPM	\$486.36	\$116.62	\$602.98		
	Plan PMPM	\$313.21	\$91.06	\$404.27		
	Actuarial Value	64.4%	78.1%	67.04%		



Silver Deductible CSR - 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

nputs						
Enter valu	ues in the blue cells b	elow, choose a set	ting option from th	ne drop down box, ar	nd press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is chang	ed.		
Note t	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mes	sage box will appear	to indicate that the	e calculations are o	done.		
		Medical	Rx			
lı	ndividual Deductible	3,700	450			
	Family Deductible	7,400	900			
Indiv	ridual Out-of-Pocket	7,250	1,300			
Fa	amily Out-of-Pocket	14,500	2,600			
Coinsu	urance (50% or Less)	44%	33%			
Individua	al Embedded Moop:	7,250				
		C	osts that Accumul	ate		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculate				
esults						
		Medical	Rx	Total		
	Allowed PMPM	\$486.36	\$116.62	\$602.98		
	Plan PMPM	\$309.62	\$99.76	\$409.39		
	Actuarial Value	63.7%	85.5%	67.89%		



SILVER DEDUCTIBLE CSR - 77%

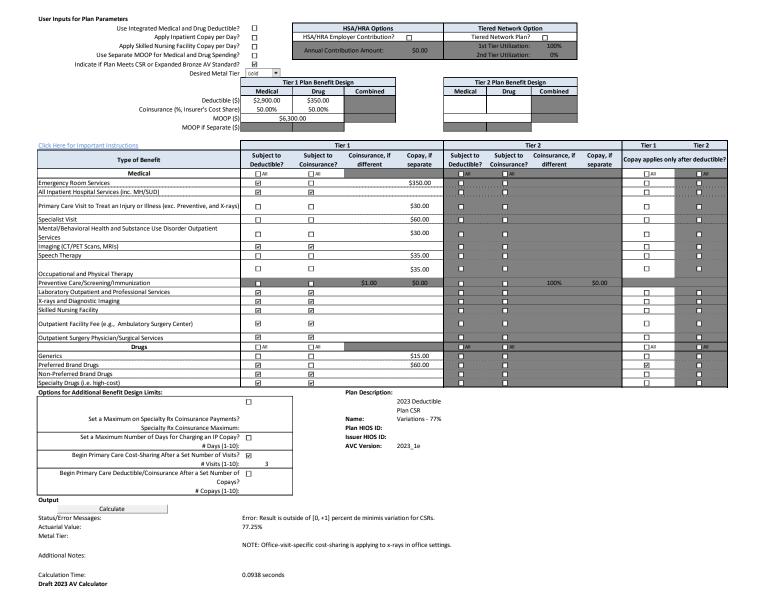
AV from AVC = 77.3%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 72.8%/72.2% = 1.008 x .773 = 77.86% * 1.001 (MH/SA Copay Adj) = 77.9%

Adjusted AV = 77.9%

AVC Screen Shot:





Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

nputs						
•	ues in the hlue cells h	elow choose a set	ting ontion from t	he drop down box, an	d press 'Calculate'	
	aes in the blue cens b alculate' anytime an			•	a press carculate.	
	that the model run-ti					
	sage box will appear					
		Medical	Rx			
I	ndividual Deductible	2,900	350			
	Family Deductible	5,800	700			
Indiv	vidual Out-of-Pocket	6,300	6,300			
F	amily Out-of-Pocket	12,600	12,600			
Coinsı	urance (50% or Less)	42%	30%			
Individu	al Embedded Moop:	6,300				
		C	Costs that Accumu	late		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	te			
Results						
·courts						
		Medical	Rx	Total		
	Allowed PMPM	\$546.41	\$131.02	\$677.43		
	Plan PMPM	\$381.89	\$107.48	\$489.37		
	Actuarial Value	69.9%	82.0%	72.24%		



Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

nputs						
Enter valu	ies in the blue cells b	elow, choose a set	ting option from th	ne drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is chang	ed.		
Note t	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are o	done.		
		Medical	Rx			
Ir	ndividual Deductible	2,900	350			
	Family Deductible	5,800	700			
Indiv	idual Out-of-Pocket	6,300	1,200			
Fa	amily Out-of-Pocket	12,600	2,400			
Coinsu	ırance (50% or Less)	42%	30%			
Individua	al Embedded Moop:	6,300				
		C	osts that Accumu	late		
				OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculate				
esults						
		Medical	Rx	Total		
	Allowed PMPM	\$546.41	\$131.02	\$677.43		
	Plan PMPM	\$378.38	\$114.87	\$493.25		
	Actuarial Value	69.2%	87.7%	72.81%		



SILVER DEDUCTIBLE CSR – 87%

AV from AVC = 87.6%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 84.69%/84.38% = 1.004 x .876= 87.9%

Adjusted AV = 87.9%

AVC Screen Shot:

User Inputs for Plan Parameters	-				_					
Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day?			HSA/HRA Options loyer Contribution			ered Network O				
Apply Skilled Nursing Facility Copay per Day?						t Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00		d Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2110	a rici otilizatioi	. 0/0			
Desired Metal Tier										
Desired Wetal Her		r 1 Plan Benefit De	sign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$1,200.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
MOOP (\$)	\$2,4	00.00				•				
MOOP if Separate (\$)										
									1	
Click Here for Important Instructions			er 1				Tier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies on	ly after deductible?
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		•
Medical	□ All	□ All		4	☐ All	☐ All			All	□ All
Emergency Room Services		<u> </u>		\$300.00					<u> </u>	
All Inpatient Hospital Services (inc. MH/SUD)	V	v								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00						
Specialist Visit				\$30.00	П	П				П
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$10.00						
Imaging (CT/PET Scans, MRIs)	☑	V								
Speech Therapy				\$12.00						
				ć42.00						
Occupational and Physical Therapy	П	П		\$12.00		ш				
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	▼	V								
Outpatient Surgery Physician/Surgical Services	✓									
Drugs	□All	∏All			☐ All	☐ All			ПАП	☐ All
Generics				\$10.00						
Preferred Brand Drugs				\$50.00						
Non-Preferred Brand Drugs	V	₽								
Specialty Drugs (i.e. high-cost)	V	V								
Options for Additional Benefit Design Limits:			Plan Description:	:						
				2023 Deductible						
				Plan CSR						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Variations - 87%						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):	_		AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☑ 3									
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% FPL), Ca	Iculation Successfu	ul.						
Actuarial Value:	87.59%									
Metal Tier:	Gold									
	NOTE: Office-visit	-specific cost-shari	ing is applying to x-	rays in office settin	ngs.					
Additional Notes:										
Calculation Time:	0.0625 seconds									
Draft 2023 AV Calculator										



Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

nputs						
	ies in the blue cells b			·	d press 'Calculate'.	
	alculate' anytime an hat the model run-ti					
	nat the moderrun-ti sage box will appear	•				
Ailless	sage box will appear	lo maicate that the		Jile.		
		Medical	Rx			
Individual Deductible		1,200	250			
Family Deductible		2,400	500			
Indivi	idual Out-of-Pocket	2,400	2,400			
Fa	amily Out-of-Pocket		4,800			
Coinsu	ırance (50% or Less)	31%	27%			
Individual Embedded Moop:		2,400				
		С	osts that Accumula	te		
		ООР			Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculate				
esults						
		Medical	Rx	Total		
	Allowed PMPM	\$510.38	\$122.38	\$632.76		
	Plan PMPM	\$425.44	\$108.48	\$533.91		
	Actuarial Value	83.4%	88.6%	84.38%		



Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

nputs						
Enter valu	ies in the blue cells b	elow, choose a set	ting option from th	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	ed.		
Note t	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are d	done.		
		Medical	Rx			
Ir	ndividual Deductible	,	250			
	Family Deductible	2,400	500			
Indiv	idual Out-of-Pocket	2,400	450			
Fa	amily Out-of-Pocket	4,800	900			
Coinsu	rance (50% or Less)	31%	27%			
Individua	al Embedded Moop:	2,400				
		C	osts that Accumul	ate		
			ООР		Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	e			
esults						
		Medical	Rx	Total		
	Allowed PMPM	\$510.38	\$122.38	\$632.76		
	Plan PMPM	\$422.40	\$113.48	\$535.88		
	Actuarial Value	82.8%	92.7%	84.69%		



SILVER DEDUCTIBLE CSR – 94%

AV from AVC = 94.7%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 94.39%/94.22% = 1.002 x .947 = 94.9%

Adjusted AV = 94.9%

AVC Screen Shot:

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	☐ HSA/HRA Options		Tiered Networ		ed Network Opt	rk Option	
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution?		Tiered	Network Plan?	
Apply Skilled Nursing Facility Copay per Day?		Assessed Countril	hout's a Assessment	\$0.00	1st 7	Tier Utilization:	100%
Use Separate MOOP for Medical and Drug Spending?		Annual Contribution Amount:		\$0.00	2nd 1	Tier Utilization:	0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓	-					
Desired Metal Tier	Platinum 💌						
	Tier 1 Plan Benefit Design		sign	Tier 2 Pla		Plan Benefit Design	
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00					
Coinsurance (%, Insurer's Cost Share)	90.00%	70.00%					
MOOP (\$)	\$1,0	00.00					
MOOP if Separate (\$)							

Click Here for Important Instructions	Tier 1			Tier 2				Tier 1	Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			□All	☐ All
Emergency Room Services	✓			\$125.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$5.00						
Specialist Visit				\$15.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$5.00						
Imaging (CT/PET Scans, MRIs)	☑	v								
Speech Therapy				\$15.00						
Occupational and Physical Therapy				\$6.00						
Preventive Care/Screening/Immunization			\$1.00	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	V								
X-rays and Diagnostic Imaging	✓	~								
Skilled Nursing Facility	✓	v								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	✓	V								
Drugs	☐ All	☐ All			□All	☐ All			□All	☐ All
Generics				\$5.00						
Preferred Brand Drugs				\$20.00						
Non-Preferred Brand Drugs		v								
Specialty Drugs (i.e. high-cost)		V								

Specialty Drugs (i.e. high-cost)	[✓		
Options for Additional Benefit Design Limits:				Plan Description:	
					2023 Deductible
					Plan CSR
Set a Maximum on Specialty Rx Coinsurance Payments	?			Name:	Variations - 94%
Specialty Rx Coinsurance Maximum	i.			Plan HIOS ID:	
Set a Maximum Number of Days for Charging an IP Copay	? 🗆			Issuer HIOS ID:	
# Days (1-10)	:			AVC Version:	2023_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits	? ☑				
# Visits (1-10)	:	3			
Begin Primary Care Deductible/Coinsurance After a Set Number o	f 🗆				
Copays	?				
# Copays (1-10)	:				
Output			•		
Calculate					
Status/Error Messages:	CSR L	evel of 94% (100-150% FPL), C	alculation Successfu	ul.
Actuarial Value:	94.70	0%			
Metal Tier:	Platin	num			
	NOTE	: Office-visit-	specific cost-shar	ring is applying to x-	rays in office settings
Additional Notes:					
Calculation Time:	0.062	25 seconds			
Draft 2023 AV Calculator					



Silver Deductible CSR - 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

nputs						
Enter valu	es in the blue cells b	elow, choose a set	ting option from th	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	d.		
Note ti	hat the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	sage box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
Ir	ndividual Deductible	250	0			
	Family Deductible	500	0			
Indivi	idual Out-of-Pocket	1,000	1,000			
Fa	mily Out-of-Pocket	2,000	2,000			
Coinsu	rance (50% or Less)	9%	14%			
Individua	Embedded Moop:	1,000				
		C	osts that Accumula	ate		
			C	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$459.11	\$110.09	\$569.20		
	Plan PMPM	\$431.46	\$104.85	\$536.31		
	Actuarial Value	94.0%	95.2%	94.22%		



Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

nputs						
Enter valu	es in the blue cells b	elow, choose a sett	ting option from th	e drop down box, an	d press 'Calculate'.	
Press 'Co	alculate' anytime an	input or dropdown	selection is change	ed.		
Note ti	hat the model run-ti	me will vary based	on the computers	processing speed.		
A mess	age box will appear	to indicate that the	e calculations are d	lone.		
		Medical	Rx			
Ir	ndividual Deductible		0			
	Family Deductible	500	0			
Indivi	dual Out-of-Pocket	1,000	200			
Fa	mily Out-of-Pocket	2,000	400			
Coinsu	rance (50% or Less)	9%	14%			
Individua	I Embedded Moop:	1,000				
		C	osts that Accumul	ate		
			ООР		Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$459.11	\$110.09	\$569.20		
	Plan PMPM	\$430.54	\$106.70	\$537.24		
	Actuarial Value	93.8%	96.9%	94.39%		



Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2023 ACA Small Group Exchange Rate Filing

About Us

MVP Health Plan, Inc. is a non-profit health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

Why We Are Changing Our Premiums

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2023 Small Group Exchange rates for effective dates of coverage between January 1, 2023 and December 31, 2023. The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time. Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

- -Increases in base period experience. Premium rates are increasing by **15.3**% because our estimate of 2022 claims are higher than expected compared to the previous year.
- -Increases in cost and utilization of services. The cost and utilization of medical and pharmacy services generally increase over time. Premium rates are increasing by 7.4% because of this estimated trend in 2023.
- -Impact of the Federal Risk Adjustment Program. The federal risk adjustment program seeks to "level the playing field" among insurers. MVP has enrolled a population of higher-risk members, so it will receive money from the program, decreasing premium rates by approximately 5.0%.
- -Impact of the COVID-19 pandemic. MVP is assuming that cost and utilization of services related to COVID-19 will decrease in 2023. This decreases the premium rate by 1.2%.
- -Changes in the cost of doing business. As the cost of doing business rises over time, MVP must collect a portion of the premium revenue to protect consumers by ensuring its solvency. MVP aligned its administrative costs with the expected cost of the small group market. These changes are worth approximately **0.4%** of a premium increase.

Conclusion

The proposed rates reflect an average rate adjustment to prior rates of 16.6%, ranging from 8.9% to 19.8%. There are 1,445 policyholders, 12,538 subscribers and 20,900 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period beginning on May 9th. For information about providing public comment, please visit https://ratereview.vermont.gov/public_comment

Actuarial Memorandum Dataset Supplement - Plan Year 2023
Please provide Company specific inputs for any cells shaded in blue.

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name HIOS ID SERFF Filing Number Date of Submission Proposed Effective Date

The sason must complete the Arkanital Memoration in Disaster Spagement and started with the fling.

The start must complete the Arkanital Memoration in Disaster Spagement and started with the fling.

This includes colls where the approachment contains sample input fined entries are just promy values that help flastrate what disaster is provided, in a sense of the provided of the

Amount in SERFF's Rate Review Detail Section Explanation for differences

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

Relationship of Proposed Rate Scale to Current Rate Scale:
Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate

1.000 1.001 1.000 1.001 1.000 1.000	1.331 1.000 1.000 1.000 0.991	1.331 0.999 1.000 0.999 0.991
1.000 1.001 1.000 1.000	1.000 1.000 0.991	1.000 0.999 0.991
1.001 1.000 1.000	1.000 0.991	0.999 0.991
1.000	0.991	0.991
1.000		
		1.007
	0.991	0.991
1.000	1.000	1.000
1.000	0.995	0.995
1.005	1.006	1.001
1.221	1.151	0.942
1.109	1.058	0.954
1.007	1.000	0.993
1.060	1.059	0.999
1.003	1.002	0.999
1.005	1.004	0.999
1.011	1.016	1.005
1.131	1.128	0.997
		1.166
	1,000 1,005 1,221 1,109 1,007 1,060 1,003 1,005 1,011 1,131	1 000 0 995 1 005 1 005 1 005 1 005 1 005 1 005 1 006 1 105 1 105 1 105 1 100

e in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075^2 / 1.08^2)

Annual Rate Change Distribution

			impacied # or Groups, ii
	Impacted # of Contracts	Impacted # of Members	applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	0	0	0
Increase of 5.01% to 10.00%	1,005	1,529	57
Increase of 10.01% to 14.99%	4,296	6,749	494
Increase of 15.00% or more	7,237	12,622	894
Total	12,538	20,900	1,445

History of Rate Changes
For Year
2019
2020
2021
2022

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	1/1/2021 - 12/31/2021	1/1/2022 - 12/31/2022	1/1/2023 - 12/31/2023		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$3.98	\$5.02	\$4.74	19.02%	-5.60%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$42.17	\$38.75	\$43.56	3.31%	12.42%
Profit/Risk Margin	\$5.19	\$6.32	\$10.78	107.81%	70.38%
Total	\$51.34	\$50.09	\$59.08	15.08%	17.94%
Variable	\$25.76	\$24.65	\$31.00	20.34%	25.76%
Non-Variable	\$25.58	\$25.44	\$28.08	9.79%	10.36%
Total	\$51.34	\$50.09	\$59.08	15.08%	17.94%
Chark	TRUE	TRUE	TRUE		

		As % of Premium from Most		Proposed Change in % of	Proposed Change in % of Premium Compared to
	As % of Premium during	Recent Approved Rate	Proposed As % of Premium	Premium Compared to	Most Recently Approved
	the experience period	Filing	for Effective Date	Prior 12 months	Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%	1100 12 1101100	1 =19
Taxes, Licenses & Fees	0.69%	0.87%	0.70%	1.82%	-19.41%
				1.0270	-19.4170
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	7.32%	6.74%	6.47%	-11.62%	-4.02%
Profit/Risk Margin	0.90%	1.10%	1.60%	77.78%	45.45%
Total	8.91%	8.71%	8.77%	-1.55%	0.68%
Variable	4.47%	4.29%	4.60%	2.95%	7.36%
Non-Variable	4.44%	4.42%	4.17%	-6.08%	-5.79%
Total	8.91%	8.71%	8.77%	-1.55%	0.68%
Check	TRUE	TRUE	TRUE		

Rev. 4/30/2019

Incurred or Allowed
Basis 7⁽¹⁾. (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed"). Historical Experience (ACA Only): Annualized Rolling 6 Mo Annualized Rolling 3 Mo Trend Trend Normalized Monthly Normalized Rolling 12 Mo Normalized Annualized Incurred Claims \$ PMPM* Trend Rolling 6 Mo Trend \$316.94 Rolling 12 Mo Trend 39.20% 36.84% -4.07% -17.08% 16.87% 55.32% 53.31% -5.21% -17.94% 15.83% 53.65% 51.88% \$391.25 \$391.50 \$415.26 \$415.26 \$411.53 \$419.63 \$324.40 \$324.81 42.18% -17.45% -43.43% -64.17% -62.34% 40.91% -18.44% -44.27% -64.87% -62.95% 17.35% 1.55% -5.83% -21.23% 16.00% 0.42% -6.92% -22.21% \$310.35 \$252.71 -48.72% 3.41% 202.04% 291.96% 224.60% 48.51% 13.71% -29.06% -34.02% -21.06% -8.32% 10.85% 52.94% 75.04% -47.91% 4.68% 205.99% 296.56% 228.48% -30.01% -35.01% -22.22% -9.68% 9.26% 50.84% 72.91% \$327.74 \$412.03 4.65% -19.19% -22.10% -18.85% 49.42% 77.56% 73.24% 19.42% 3.93% -18.54% -20.45% -15.81% 52.97% 83.46% 49.92% 37.71% 28.27% 11.07% \$481.24 \$478.38 \$453.65 23.19% 24.64% 21.84% 78.76% 71.28% 17.97% 7.14% 6.42% 22.49% 9.02% 39.18% 75.45% 114.18% 39.05% 45.84% Last Month in Experience Period

Add more rows if needed.

If applicable, please provide an explanation for the Other normalization factor.

The Department is requesting each caminer provide additional tend exhibits, in excel with suching formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the tend development. Please state where in the filling it is located.

see the tabs "Med Trends by Category" and "Rx Trend by Category" for the historical incurred claims by Med category (IP/OP/PHY) and Rx category (Generic/Brand/Specialty).

Solvency

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	379,571,900	379,571,900
Authorized Control Level	107,233,326	107,233,326
RBC Ratio	353.97%	353.97%

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2017	12/31/2017	55,569	21,303,250	24,950,577	85.4%
Historical Year -3	1/1/2018	12/31/2018	172,746	74,840,641	82,151,955	91.1%
Historical Year -2	1/1/2019	12/31/2019	190,667	87,826,724	93,565,793	93.9%
Historical Year -1	1/1/2020	12/31/2020	247,721	114,541,370	135,764,593	84.4%
Historical Year 0	1/1/2021	12/31/2021	260,811	149,005,699	148,078,967	100.6%
Historical Totals			927,514	447,517,684	484,511,886	92.4%
Interim Time Period	1/1/2022	2/28/2022	41.822	21.815.304	24 144 517	90.4%

Interim Time Period	1/1/2022	2/28/2022	41,822	21,815,304	24,144,517	90.4%
Future Year 1	1/1/2023	12/31/2023	250,800	154,236,207	168,920,688	91.3%

Anticipated Pricing Loss Ratio (no adjustments)
Anticipated LR using Federally-prescribed MLR methodology

Note: The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out. The interin time period the time periods available in the current year.

The future were should recrease the 12 months immediately belower the rate effective date.

Consumer Adjusted Premium Rate Development
Section II of WRZ of the 2022 URRT requires that the Issuer provide the Actuarial Value and cost-chairing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and induced Utilization for every plan in the URRT, (Add additional columns as needed to include all plans shown on the URRT.)
Rease see the example below.

Actuarial value and Cost-Sharing Design of the Plan (add additional columns as needed to include all plans shown in Section III of WS2 of the 2022 URRT)

Plan ID (Standard Component ID) (From Line 3.1 of the URRT)	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050024	77566VT0050007	77566VT0050030	77566VT0050031	77566VT0050029	77566VT0050028	77566VT0050009	77566VT0050010	77566VT0050025	77566VT0050026	77566VT0050011
AV and Cost-Sharing Design of Plan (From Line 3.3 of the URRT)	1.059	0.864	0.912	0.897	0.712	0.726	0.730	0.705	0.712	0.726	0.729	0.705	0.605	0.616	0.636	0.609	0.603
Paid/Allowed Ratio (Cost-Sharing only)	0.921	0.798	0.827	0.818	0.693	0.703	0.706	0.687	0.693	0.703	0.705	0.687	0.604	0.613	0.630	0.607	0.602
Used Induced utilization factors	1.150	1.083	1.103	1.097	1.028	1.032	1.034	1.027	1.028	1.032	1.033	1.027	1.002	1.005	1.010	1.003	1.001
Calculated (This value should equal value on Row 192)	1.059	0.864	0.912	0.897	0.712	0.726	0.730	0.705	0.712	0.726	0.729	0.705	0.605	0.616	0.636	0.609	0.603

Expected

134,684,028 435,302,818

22,055,460 98.9%

154,236,207 100.0%

A-to-E Claims Ratio 94.9% 103.4% 103.7% 94.6% 110.6%

676,961 2,913,282

4,981,132

655,554 1,187,872 92.3%

97,236 210,345

Adj Medical Loss Ratio 86.8% 93.4% 94.9% 86.3% 101.8% 93.9%

91.6%

In the text box, please state where in the filing it is located.

Please see the columns "Benefit Actuarial Value" and "Induced Utilization Factor" on Exhibit 7 of the rate filing.

	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	1/1/2021	1/1/2022	1/1/2023		
Total Risk adjustment (Dollar amount)	(\$14,994,112)	(\$13,684,193)	(\$8,544,053)		
Membership Member Months	260,811	262,296	250,800	-3.84%	-4.38%
PMPM	(\$57.49)	(\$52.17)	(\$34.07)	-40.74%	-34.70%
Premium	\$148,078,967	\$150,816,810	\$168,920,688	14.07%	12.00%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

Rev. 4/30/2019

Trend & Projection Assumptions For Inpatient Claims

Historical Experience (ACA Only): ed Basis? (1): Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

	* * *									Normalized	Normaliz	Normalize	
			Monthly				Averag	Average		Monthly	ed	d	Normalized
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred	Rolling	Annualize	Annualized
		Member	Claims \$	Rolling 12 Mo	Rolling 6 Mo	Rolling 3 Mo	Benefit	der	Other	Claims \$	12 Mo	d Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Trend	Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2019	15,941	\$81.77				1.00	1.00	1.00	\$81.77			
	Feb-2019	15,916	\$64.81				1.00	1.00	1.00	\$64.80			
	Mar-2019	15,916	\$102.48				1.00	1.00	1.00	\$102.26			
	Apr-2019	15,909	\$85.20				1.00	1.00	1.00	\$84.78			
	May-2019	15,876	\$72.56				1.00	1.00	1.00	\$72.19			
	Jun-2019	15,824	\$65.03			-35.91%	1.00	1.00	1.00	\$64.67			-36.98%
	Jul-2019	15,862	\$56.43			-65.13%	1.00	1.00	1.00	\$56.09			-65.54%
	Aug-2019	15,866	\$71.49			-69.80%	1.00	1.01	1.00	\$70.91			-70.13%
	Sep-2019	15,871	\$84.08			-18.08%	1.00	1.01	1.00	\$83.41			-18.85%
	Oct-2019	15,884	\$76.50			104.64%	1.00	1.01	1.00	\$75.82			102.41%
	Nov-2019	15,878	\$79.05			137.89%	1.00	1.01	1.00	\$78.26			135.71%
	Dec-2019	15,924	\$77.84		-10.93%	46.88%	1.00	1.01	1.00	\$77.06		-11.94%	45.61%
	Jan-2020	20,826	\$61.09		-0.31%	-26.68%	1.01	1.00	1.00	\$60.26		-1.49%	-27.56%
	Feb-2020	20,831	\$69.69		-4.50%	-44.84%	1.01	1.00	1.00	\$68.71		-5.61%	-45.68%
	Mar-2020	20,766	\$55.07		-9.84%	-59.77%	1.01	1.01	1.00	\$54.20		-10.89%	-60.55%
	Apr-2020	20,638	\$46.41		-19.47%	-59.53%	1.01	1.01	1.00	\$45.66		-20.47%	-60.18%
	May-2020	20,562	\$61.81		-27.57%	-60.94%	1.01	1.01	1.00	\$60.73		-28.53%	-61.54%
	Jun-2020	20,651	\$52.25		-39.51%	-44.50%	1.01	1.01	1.00	\$51.29		-40.38%	-45.15%
	Jul-2020	20,529	\$116.61		-18.92%	228.01%	1.01	1.01	1.00	\$114.36		-20.13%	223.54%
	Aug-2020	20,508	\$93.24		-8.00%	562.09%	1.01	1.01	1.00	\$91.34		-9.39%	554.13%
	Sep-2020	20,521	\$73.47		15.35%	872.59%	1.01	1.01	1.00	\$71.88		13.69%	861.30%
	Oct-2020	20,577	\$69.05		48.66%	9.40%	1.01	1.01	1.00	\$67.54		46.63%	8.22%
	Nov-2020	20,694	\$68.22		64.74%	-58.08%	1.01	1.01	1.00	\$66.77		62.74%	-58.44%
	Dec-2020	20,618	\$59.60	-9.97%	91.95%	-76.69%	1.01	1.01	1.00	\$58.22	-11.16%	89.94%	-76.86%
	Jan-2021	21,795	\$80.43	-5.22%	22.42%	-38.37%	1.00	1.01	1.00	\$79.40	-6.34%	21.73%	-37.67%
	Feb-2021	21,855	\$98.22	-2.23%	12.49%	66.59%	1.00	1.01	1.00	\$96.99	-3.23%	12.54%	70.97%
	Mar-2021	21,817	\$77.07	6.12%	4.93%	184.77%	1.00	1.01	1.00	\$76.01	5.19%	5.45%	195.45%
	Apr-2021	21,757	\$97.30	18.00%	7.15%	190.11%	1.00	1.01	1.00	\$95.90	17.10%	8.09%	195.99%
	May-2021	21,667	\$76.09	21.35%	7.50%	19.84%	1.00	1.01	1.00	\$74.84	20.58%	8.69%	20.05%
	Jun-2021	21,723	\$110.68	31.16%	26.49%	52.33%	1.00	1.01	1.00	\$108.81	30.47%	28.16%	50.56%
	Jul-2021	21,773	\$97.13	19.06%	56.91%	17.75%	1.00	1.01	1.00	\$95.52	18.63%	58.46%	16.28%
	Aug-2021	21,799	\$81.03	14.43%	43.18%	76.70%	1.00	1.01	1.00	\$79.73	14.20%	43.89%	75.47%
	Sep-2021	21,752	\$180.94	28.16%	100.48%	154.86%	1.00	1.01	1.00	\$177.89	28.09%	100.71%	154.16%
	Oct-2021	21,723	\$87.07	31.13%	72.05%	128.22%	1.00	1.01	1.00	\$85.58	31.24%	71.68%	128.14%
	Nov-2021	21,625	\$99.14	36.10%	79.27%	161.80%	1.00	1.01	1.00	\$97.47	36.36%	78.64%	161.37%
Last Month in Experience Period	Dec-2021	21,525	\$71.55	40.06%	30.72%	-73.39%	1.00	1.01	1.00	\$70.36	40.51%	30.15%	-73.42%
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Trend & Projection Assumptions For Outpatient Claims

Historical Experience (ACA Only): ed Basis? [1]: Incurred [1] Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

										Normalized		Normalize	
			Monthly				Averag	Average		Monthly	ed	d	Normalized
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred			Annualized
		Member	Claims \$	Rolling 12 Mo	Rolling 6 Mo	Rolling 3 Mo	Benefit	der	Other	Claims \$		d Rolling 6	
Monthly Trend Analysis Based on Experience Data Time Period _	Month	Months	PMPM*	Trend	Trend	Trend	Factor		Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2019	15,941	\$125.96				1.00	1.00	1.00	\$125.96			
L	Feb-2019	15,916	\$126.02				1.00	1.00	1.00	\$125.99			
L	Mar-2019	15,916	\$156.05				1.00	1.00	1.00	\$155.71			
	Apr-2019	15,909	\$154.48				1.00	1.00	1.00	\$153.72			
	May-2019	15,876	\$146.52				1.00	1.00	1.00	\$145.78			
	Jun-2019	15,824	\$145.40			43.31%	1.00	1.00	1.00	\$144.59			40.88%
	Jul-2019	15,862	\$155.86			10.71%	1.00	1.00	1.00	\$154.91			9.38%
	Aug-2019	15,866	\$164.58			7.94%	1.00	1.01	1.00	\$163.27			6.82%
	Sep-2019	15,871	\$149.95			23.27%	1.00	1.01	1.00	\$148.75			22.19%
	Oct-2019	15,884	\$173.28			40.84%	1.00	1.01	1.00	\$171.75			39.33%
	Nov-2019	15,878	\$177.56			33.54%	1.00	1.01	1.00	\$175.80			32.27%
	Dec-2019	15,924	\$171.11		34.92%	51.60%	1.00	1.01	1.00	\$169.39		33.46%	50.22%
	Jan-2020	20,826	\$160.57		26.71%	16.37%	1.01	1.00	1.00	\$158.39		25.23%	14.93%
	Feb-2020	20,831	\$138.57		9.14%	-24.66%	1.01	1.00	1.00	\$136.61		7.90%	-25.79%
	Mar-2020	20,766	\$125.29		3.65%	-56.26%	1.01	1.01	1.00	\$123.31		2.44%	-57.10%
	Apr-2020	20,638	\$88.09		-18.25%	-76.65%	1.01	1.01	1.00	\$86.67		-19.26%	-77.02%
	May-2020	20,562	\$133.66		-29.93%	-69.40%	1.01	1.01	1.00	\$131.32		-30.85%	-69.87%
	Jun-2020	20,651	\$178.40		-30.93%	-21.01%	1.01	1.01	1.00	\$175.11		-31.96%	-22.02%
	Jul-2020	20,529	\$180.41		-28.08%	282.42%	1.01	1.01	1.00	\$176.94		-29.12%	277.41%
	Aug-2020	20,508	\$152.46		-20.81%	371.38%	1.01	1.01	1.00	\$149.35		-21.96%	366.08%
	Sep-2020	20,521	\$190.38		-2.18%	192.36%	1.01	1.01	1.00	\$186.26		-3.58%	188.97%
	Oct-2020	20,577	\$200.70		50.00%	48.42%	1.01	1.01	1.00	\$196.31		47.92%	46.67%
Ī	Nov-2020	20,694	\$176.04		77.60%	51.22%	1.01	1.01	1.00	\$172.30		75.41%	49.81%
Ī	Dec-2020	20,618	\$195.47	3.94%	76.44%	42.91%	1.01	1.01	1.00	\$190.94	2.58%	74.52%	41.94%
	Jan-2021	21,795	\$163.25	2.11%	62.90%	-6.96%	1.00	1.01	1.00	\$161.14	0.91%	61.83%	-6.16%
	Feb-2021	21,855	\$165.35	3.19%	61.11%	-27.69%	1.00	1.01	1.00	\$163.28	2.11%	60.81%	-26.16%
	Mar-2021	21,817	\$218.24	10.43%	46.73%	-16.55%	1.00	1.01	1.00	\$215.25	9.44%	47.22%	-13.43%
	Apr-2021	21,757	\$193.94	21.24%	15.23%	36.87%	1.00	1.01	1.00	\$191.15	20.28%	16.10%	40.08%
	May-2021	21,667	\$207.33	26.45%	12.37%	97.06%	1.00	1.01	1.00	\$203.93	25.60%	13.50%	98.41%
	Jun-2021	21,723	\$214.36	25.89%	12.55%	60.61%	1.00	1.01	1.00	\$210.74	25.20%	14.11%	58.79%
The state of the s	Jul-2021	21.773	\$193.22	24.61%	22.46%	28.53%	1.00	1.01	1.00	\$190.03	24.11%	23.77%	26.97%
The state of the s	Aug-2021	21,799	\$203.75	28.05%	27.73%	-5.22%	1.00	1.01	1.00	\$200.48	27.72%	28.63%	-5,85%
The state of the s	Sep-2021	21,752	\$236.60	27.64%	24.78%	12.17%	1.00	1.01	1.00	\$232.62	27.51%	25.14%	11.93%
ŀ	Oct-2021	21,723	\$235.11	27.27%	34.60%	45.58%	1.00	1.01	1.00	\$231.10	27.34%	34.51%	45.53%
	Nov-2021	21,625	\$250.43	30.92%	36.02%	94.70%	1.00	1.01	1.00	\$246.19	31.15%	35.70%	94.33%
Last Month in Experience Period	Dec-2021	21,525	\$248.56	31.77%	38.38%	80.21%	1.00	1.01	1.00	\$244.43	32.21%	37.80%	79.93%
East World I'm Experience I enou	500 2021	,020	\$2.0.00	51.7770	50.5670	00.2170	1.00	1.01	1.00	0= 1110	Ja.2170	27.3070	17.7370

Trend & Projection Assumptions For Physician Claims

Historical Experience (ACA Only): ed Basis? (1): Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

										Normalized		Normalize	
			Monthly				Averag	Average		Monthly	ed	d	Normalized
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred	Rolling		Annualized
		Member	Claims \$	Rolling 12 Mo	Rolling 6 Mo	Rolling 3 Mo	Benefit	der	Other	Claims \$	12 Mo	d Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Trend	Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2019	15,941	\$71.34				1.00	1.00	1.00	\$71.34			
	Feb-2019	15,916	\$75.63				1.00	1.00	1.00	\$75.61			
	Mar-2019	15,916	\$89.29				1.00	1.00	1.00	\$89.09			
	Apr-2019	15,909	\$92.07				1.00	1.00	1.00	\$91.62			
	May-2019	15,876	\$99.82				1.00	1.00	1.00	\$99.31			
	Jun-2019	15,824	\$85.67			90.60%	1.00	1.00	1.00	\$85.19			87.36%
	Jul-2019	15,862	\$95.19			42.36%	1.00	1.00	1.00	\$94.61			40.66%
	Aug-2019	15,866	\$102.94			3.84%	1.00	1.01	1.00	\$102.12			2.79%
	Sep-2019	15,871	\$106.49			45.04%	1.00	1.01	1.00	\$105.64			43.75%
	Oct-2019	15,884	\$114.05			76.37%	1.00	1.01	1.00	\$113.04			74.46%
	Nov-2019	15,878	\$100.62			63.94%	1.00	1.01	1.00	\$99.62			62.44%
	Dec-2019	15,924	\$104.61		47.48%	20.67%	1.00	1.01	1.00	\$103.55		45.91%	19.60%
	Jan-2020	20,826	\$75.42		23.15%	-47.34%	1.01	1.00	1.00	\$74.39		21.79%	-47.96%
	Feb-2020	20,831	\$75.36		-0.04%	-63.05%	1.01	1.00	1.00	\$74.29		-1.11%	-63.59%
	Mar-2020	20,766	\$72.30		-17.29%	-76.17%	1.01	1.01	1.00	\$71.15		-18.22%	-76.64%
	Apr-2020	20,638	\$55.84		-38.68%	-70.20%	1.01	1.01	1.00	\$54.95		-39.43%	-70.69%
	May-2020	20,562	\$80.33		-42.87%	-51.97%	1.01	1.01	1.00	\$78.93		-43.63%	-52.74%
	Jun-2020	20,651	\$94.56		-47.10%	14.46%	1.01	1.01	1.00	\$92.81		-47.90%	13.05%
	Jul-2020	20,529	\$100.63		-35.60%	235.37%	1.01	1.01	1.00	\$98.69		-36.56%	231.06%
	Aug-2020	20,508	\$104.35		-19.20%	326.16%	1.01	1.01	1.00	\$102.22		-20.43%	321.23%
	Sep-2020	20,521	\$115.26		8.20%	271.05%	1.01	1.01	1.00	\$112.76		6.60%	266.60%
	Oct-2020	20,577	\$121.14		69.63%	134.03%	1.01	1.01	1.00	\$118.49		67.24%	131.27%
	Nov-2020	20,694	\$107.42		97.88%	73.57%	1.01	1.01	1.00	\$105.14		95.43%	72.01%
	Dec-2020	20,618	\$118.83	-1.49%	116.48%	38.41%	1.01	1.01	1.00	\$116.07	-2.78%	114.15%	37.49%
	Jan-2021	21,795	\$98.33	0.72%	92.65%	-18.26%	1.00	1.01	1.00	\$97.06	-0.48%	91.37%	-17.58%
	Feb-2021	21,855	\$94.88	2.98%	66.07%	-32.84%	1.00	1.01	1.00	\$93.69	1.88%	65.75%	-31.45%
	Mar-2021	21,817	\$123.12	9.70%	44.82%	-31.22%	1.00	1.01	1.00	\$121.43	8.68%	45.28%	-28.65%
	Apr-2021	21,757	\$127.87	20.89%	18.30%	29.72%	1.00	1.01	1.00	\$126.03	19.90%	19.19%	32.76%
	May-2021	21,667	\$116.85	26.60%	11.57%	95.25%	1.00	1.01	1.00	\$114.93	25.71%	12.70%	96.67%
	Jun-2021	21,723	\$122.97	28.13%	4.93%	82.61%	1.00	1.01	1.00	\$120.89	27.39%	6.38%	80.59%
	Jul-2021	21,773	\$109.31	27.96%	9.33%	3.88%	1.00	1.01	1.00	\$107.51	27.41%	10.50%	2.63%
	Aug-2021	21,799	\$116.71	28.49%	20.02%	-19.02%	1.00	1.01	1.00	\$114.84	28.13%	20.89%	-19.56%
	Sep-2021	21,752	\$124.00	27.71%	17.25%	-17.91%	1.00	1.01	1.00	\$121.91	27.58%	17.62%	-18.11%
	Oct-2021	21,723	\$134.11	27.42%	16.66%	32.83%	1.00	1.01	1.00	\$131.82	27.50%	16.59%	32.79%
	Nov-2021	21,625	\$131.95	28.54%	18.26%	56.05%	1.00	1.01	1.00	\$129.72	28.79%	18.00%	55.75%
Last Month in Experience Period	Dec-2021	21,525	\$133.56	27.89%	20.09%	69.91%	1.00	1.01	1.00	\$131.34	28.35%	19.58%	69.64%

Trend & Projection Assumptions For RX Generic Claims

Historical Experience (ACA Only): 1 Basis? [1]: Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed")

										Normaliz			
										ed	Normaliz		
			Monthly					Average		Monthly	ed	Normalized	
			Incurred	Rolling	Annualized		Average			Incurred		Annualized	
		Member	Claims \$	12 Mo	Rolling 6	Rolling 3	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Mo Trend	Mo Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2019	15,941	\$6.44				1.00	1.00	1.00	\$6.44			
	Feb-2019	15,916	\$6.83				1.00	1.00	1.00	\$6.83			
	Mar-2019	15,916	\$8.49				1.00	1.00	1.00	\$8.47			
	Apr-2019	15,909	\$8.97				1.00	1.00	1.00	\$8.93			
	May-2019	15,876	\$9.84				1.00	1.00	1.00	\$9.79			
	Jun-2019	15,824	\$8.37			143.42%	1.00	1.00	1.00	\$8.32			139.31%
	Jul-2019	15,862	\$8.81			52.91%	1.00	1.00	1.00	\$8.76			51.12%
	Aug-2019	15,866	\$10.14			0.24%	1.00	1.01	1.00	\$10.06			-0.77%
	Sep-2019	15,871	\$8.92			10.47%	1.00	1.01	1.00	\$8.85			9.49%
	Oct-2019	15,884	\$9.10			17.99%	1.00	1.01	1.00	\$9.02			16.72%
	Nov-2019	15,878	\$8.30			-13.87%	1.00	1.01	1.00	\$8.21			-14.65%
	Dec-2019	15,924	\$10.49		29.85%	0.38%	1.00	1.01	1.00	\$10.38		28.49%	-0.52%
	Jan-2020	20,826	\$5.45		0.48%	-51.44%	1.01	1.00	1.00	\$5.38		-0.61%	-51.98%
	Feb-2020	20,831	\$5.71		-27.17%	-60.86%	1.01	1.00	1.00	\$5.63		-27.93%	-61.40%
	Mar-2020	20,766	\$7.98		-30.60%	-77.84%	1.01	1.01	1.00	\$7.85		-31.40%	-78.29%
	Apr-2020	20,638	\$9.13		-29.74%	-11.43%	1.01	1.01	1.00	\$8.98		-30.65%	-13.03%
	May-2020	20,562	\$10.45		-17.85%	206.82%	1.01	1.01	1.00	\$10.27		-19.02%	201.57%
	Jun-2020	20,651	\$12.01		-17.42%	642.42%	1.01	1.01	1.00	\$11.79		-18.73%	634.15%
	Jul-2020	20,529	\$12.45		25.71%	449.41%	1.01	1.01	1.00	\$12.21		23.77%	442.91%
	Aug-2020	20,508	\$12.37		90.63%	219.43%	1.01	1.01	1.00	\$12.12		87.71%	215.77%
	Sep-2020	20,521	\$12.22		123.86%	88.94%	1.01	1.01	1.00	\$11.95		120.69%	86.66%
	Oct-2020	20,577	\$13.35		148.09%	39.48%	1.01	1.01	1.00	\$13.06		144.82%	37.85%
	Nov-2020	20,694	\$12.35		136.47%	12.40%	1.01	1.01	1.00	\$12.09		133.73%	11.38%
	Dec-2020	20,618	\$14.85	22.44%	134.54%	43.75%	1.01	1.01	1.00	\$14.51	20.80%	132.19%	42.74%
	Jan-2021	21,795	\$8.05	27.18%	60.07%	-27.13%	1.00	1.01	1.00	\$7.95	25.61%	58.95%	-26.76%
	Feb-2021	21,855	\$7.79	31.51%	12.34%	-58.49%	1.00	1.01	1.00	\$7.69	30.04%	11.96%	-57.82%
	Mar-2021	21,817	\$9.12	33.32%	-10.03%	-85.64%	1.00	1.01	1.00	\$8.99	32.01%	-9.95%	-85.10%
	Apr-2021	21,757	\$9.16	32.78%	-29.98%	-69.42%	1.00	1.01	1.00	\$9.03	31.64%	-29.59%	-68.60%
	May-2021	21,667	\$10.31	31.19%	-37.69%	-22.23%	1.00	1.01	1.00	\$10.14	30.24%	-37.15%	-21.36%
	Jun-2021	21,723	\$9.90	24.12%	-51.00%	91.48%	1.00	1.01	1.00	\$9.73	23.40%	-50.32%	89.28%
	Jul-2021	21,773	\$11.04	18.36%	-38.30%	106.61%	1.00	1.01	1.00	\$10.86	17.86%	-37.60%	104.12%
Ī	Aug-2021	21,799	\$11.35	14.73%	-20.35%	62.88%	1.00	1.01	1.00	\$11.16	14.43%	-19.69%	61.85%
ľ	Sep-2021	21,752	\$10.93	10.34%	-7.23%	65.59%	1.00	1.01	1.00	\$10.74	10.23%	-6.78%	65.24%
ľ	Oct-2021	21,723	\$11.75	5.19%	14.68%	40.47%	1.00	1.01	1.00	\$11.55	5.25%	14.82%	40.44%
	Nov-2021	21,625	\$11.86	1.67%	28.25%	30.86%	1.00	1.01	1.00	\$11.66	1.86%	28.14%	30.60%
Last Month in Experience Period	Dec-2021	21,525	\$13.01	-3.09%	65.68%	45.99%	1.00	1.01	1.00	\$12.79	-2.74%	64.99%	45.75%

Trend & Projection Assumptions For RX Brand Claims

Historical Experience (ACA Only): I Basis? [1]: Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed",

										Normaliz			
										ed	Normaliz		
			Monthly					Average		Monthly	ed		Normalized
			Incurred	Rolling		Annualized		Age/Gen		Incurred	Rolling		Annualized
		Member	Claims \$	12 Mo	Rolling 6	Rolling 3	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Mo Trend	Mo Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2019	15,941	\$15.84				1.00	1.00	1.00	\$15.84			
	Feb-2019	15,916	\$16.19				1.00	1.00	1.00	\$16.18			
	Mar-2019	15,916	\$16.82				1.00	1.00	1.00	\$16.79			
	Apr-2019	15,909	\$21.42				1.00	1.00	1.00	\$21.31			
	May-2019	15,876	\$19.74				1.00	1.00	1.00	\$19.64			
	Jun-2019	15,824	\$20.48			153.53%	1.00	1.00	1.00	\$20.36			149.14%
	Jul-2019	15,862	\$21.63			66.74%	1.00	1.00	1.00	\$21.49			64.80%
	Aug-2019	15,866	\$22.17			51.06%	1.00	1.01	1.00	\$21.99			49.60%
	Sep-2019	15,871	\$20.60			19.09%	1.00	1.01	1.00	\$20.43			18.06%
	Oct-2019	15,884	\$22.37			23.02%	1.00	1.01	1.00	\$22.17			21.71%
	Nov-2019	15,878	\$20.71			-3.71%	1.00	1.01	1.00	\$20.50			-4.61%
	Dec-2019	15,924	\$24.51		42.76%	21.43%	1.00	1.01	1.00	\$24.26		41.26%	20.32%
	Jan-2020	20,826	\$16.99		17.64%	-22.27%	1.01	1.00	1.00	\$16.76		16.33%	-23.19%
	Feb-2020	20,831	\$19.25		1.16%	-22.93%	1.01	1.00	1.00	\$18.98		0.06%	-24.07%
	Mar-2020	20,766	\$26.31		5.50%	-26.74%	1.01	1.01	1.00	\$25.90		4.21%	-28.24%
	Apr-2020	20,638	\$21.74		3.15%	46.57%	1.01	1.01	1.00	\$21.39		1.77%	44.08%
	May-2020	20,562	\$22.72		4.60%	98.26%	1.01	1.01	1.00	\$22.32		3.13%	95.18%
	Jun-2020	20,651	\$23.63		-2.09%	40.56%	1.01	1.01	1.00	\$23.19		-3.59%	39.04%
	Jul-2020	20,529	\$25.68		22.04%	31.23%	1.01	1.01	1.00	\$25.18		20.27%	29.65%
	Aug-2020	20,508	\$27.48		44.01%	38.31%	1.01	1.01	1.00	\$26.92		41.95%	36.65%
	Sep-2020	20,521	\$25.40		28.29%	77.20%	1.01	1.01	1.00	\$24.85		26.58%	75.00%
	Oct-2020	20,577	\$26.42		37.68%	47.00%	1.01	1.01	1.00	\$25.85		35.92%	45.29%
	Nov-2020	20,694	\$25.55		38.77%	3.23%	1.01	1.01	1.00	\$25.01		37.15%	2.31%
	Dec-2020	20,618	\$32.48	21.07%	55.82%	33.54%	1.01	1.01	1.00	\$31.72	19.50%	54.16%	32.59%
	Jan-2021	21,795	\$19.66	22.00%	26.42%	-9.56%	1.00	1.01	1.00	\$19.40	20.56%	25.50%	-9.02%
	Feb-2021	21,855	\$23.42	22.37%	6.81%	-11.03%	1.00	1.01	1.00	\$23.13	21.09%	6.52%	-9.38%
	Mar-2021	21,817	\$28.40	18.22%	12.58%	-48.66%	1.00	1.01	1.00	\$28.01	17.17%	12.83%	-46.73%
	Apr-2021	21,757	\$27.97	20.49%	7.88%	13.27%	1.00	1.01	1.00	\$27.57	19.57%	8.61%	16.19%
	May-2021	21,667	\$27.95	21.11%	7.12%	58.51%	1.00	1.01	1.00	\$27.49	20.32%	8.14%	59.96%
	Jun-2021	21,723	\$29.98	22.04%	-6.83%	108.63%	1.00	1.01	1.00	\$29.48	21.40%	-5.55%	106.27%
	Jul-2021	21,773	\$31.26	22.15%	16.39%	56.26%	1.00	1.01	1.00	\$30.75	21.68%	17.68%	54.37%
	Aug-2021	21,799	\$31.58	21.14%	34.97%	46.84%	1.00	1.01	1.00	\$31.07	20.86%	35.97%	45.87%
	Sep-2021	21,752	\$31.87	21.46%	34.83%	47.75%	1.00	1.01	1.00	\$31.34	21.35%	35.30%	47.42%
	Oct-2021	21,723	\$32.30	21.79%	38.49%	32.73%	1.00	1.01	1.00	\$31.74	21.85%	38.49%	32.70%
	Nov-2021	21,625	\$32.63	22.39%	41.26%	18.27%	1.00	1.01	1.00	\$32.08	22.58%	41.02%	18.04%
Last Month in Experience Period	Dec-2021	21,525	\$36.46	20.39%	55.25%	31.20%	1.00	1.01	1.00	\$35.85	20.79%	54.61%	30.99%

Historical Experience (ACA Only): I Basis? [1]: Incurred [1] Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed")

										Normaliz			
										ed	Normaliz		
			Monthly					Average		Monthly	ed	Normalized	
			Incurred	Rolling				Age/Gen		Incurred		Annualized	
		Member	Claims \$	12 Mo	Rolling 6	Rolling 3	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Mo Trend	Mo Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)		15,941	\$23.31				1.00	1.00	1.00	\$23.31			
	Feb-2019	15,916	\$33.23				1.00	1.00	1.00	\$33.22			
	Mar-2019	15,916	\$37.59				1.00	1.00	1.00	\$37.51			
	Apr-2019	15,909	\$42.65				1.00	1.00	1.00	\$42.44			
	May-2019	15,876	\$38.11				1.00	1.00	1.00	\$37.92			
	Jun-2019	15,824	\$36.23			138.80%	1.00	1.00	1.00	\$36.02			134.80%
	Jul-2019	15,862	\$40.20			3.86%	1.00	1.00	1.00	\$39.96			2.64%
	Aug-2019	15,866	\$38.01			-12.58%	1.00	1.01	1.00	\$37.70			-13.44%
	Sep-2019	15,871	\$39.40			2.10%	1.00	1.01	1.00	\$39.09			1.21%
	Oct-2019	15,884	\$38.16			3.65%	1.00	1.01	1.00	\$37.83			2.55%
	Nov-2019	15,878	\$43.83			26.66%	1.00	1.01	1.00	\$43.40			25.44%
	Dec-2019	15,924	\$49.49		39.29%	56.27%	1.00	1.01	1.00	\$48.99		37.82%	54.81%
	Jan-2020	20,826	\$29.68		6.79%	15.56%	1.01	1.00	1.00	\$29.28		5.58%	14.25%
	Feb-2020	20,831	\$41.35		5.62%	-10.30%	1.01	1.00	1.00	\$40.77		4.43%	-11.61%
	Mar-2020	20,766	\$49.23		13.75%	-30.10%	1.01	1.01	1.00	\$48.45		12.35%	-31.51%
	Apr-2020	20,638	\$56.81		37.10%	128.46%	1.01	1.01	1.00	\$55.90		35.25%	124.44%
	May-2020	20,562	\$45.08		31.54%	167.79%	1.01	1.01	1.00	\$44.30		29.68%	163.65%
	Jun-2020	20,651	\$53.69		22.47%	180.60%	1.01	1.01	1.00	\$52.70		20.60%	177.64%
	Jul-2020	20,529	\$49.39		57.29%	2.36%	1.01	1.01	1.00	\$48.44		55.02%	1.13%
	Aug-2020	20,508	\$49.06		60.72%	2.75%	1.01	1.01	1.00	\$48.06		58.47%	1.54%
	Sep-2020	20,521	\$46.05		43.88%	-25.65%	1.01	1.01	1.00	\$45.05		42.02%	-26.59%
	Oct-2020	20,577	\$49.41		18.01%	-9.52%	1.01	1.01	1.00	\$48.33		16.54%	-10.58%
	Nov-2020	20,694	\$51.68		22.45%	-12.52%	1.01	1.01	1.00	\$50.58		21.06%	-13.32%
	Dec-2020	20,618	\$58.93	26.07%	22.04%	50.38%	1.01	1.01	1.00	\$57.56	24.46%	20.76%	49.31%
	Jan-2021	21,795	\$35.38	26.19%	-3.83%	2.05%	1.00	1.01	1.00	\$34.93	24.70%	-4.54%	2.63%
	Feb-2021	21,855	\$53.17	26.46%	-5.96%	-0.55%	1.00	1.01	1.00	\$52.50	25.16%	-6.20%	1.43%
	Mar-2021	21,817	\$60.30	25.29%	5.70%	-25.07%	1.00	1.01	1.00	\$59.48	24.20%	5.95%	-22.26%
	Apr-2021	21,757	\$53.58	20.38%	14.13%	74.93%	1.00	1.01	1.00	\$52.81	19.51%	14.92%	79.52%
	May-2021	21,667	\$53.30	20.33%	10.27%	67.60%	1.00	1.01	1.00	\$52.43	19.60%	11.34%	68.94%
	Jun-2021	21,723	\$55.67	16.62%	4.54%	42.12%	1.00	1.01	1.00	\$54.73	16.06%	5.99%	40.51%
	Jul-2021	21,773	\$60.01	16.64%	34.47%	4.74%	1.00	1.01	1.00	\$59.02	16.24%	35.99%	3.45%
	Aug-2021	21,799	\$59.33	16.34%	35.39%	20.01%	1.00	1.01	1.00	\$58.37	16.09%	36.35%	19.20%
	Sep-2021	21,752	\$62.77	18.16%	24.76%	57.49%	1.00	1.01	1.00	\$61.71	18.07%	25.14%	57.13%
	Oct-2021	21,723	\$63.09	18.51%	28.29%	44.13%	1.00	1.01	1.00	\$62.01	18.56%	28.24%	44.09%
	Nov-2021	21,625	\$63.69	19.07%	34.50%	37.57%	1.00	1.01	1.00	\$62.61	19.26%	34.22%	37.30%
Last Month in Experience Period	Dec-2021	21,525	\$62.13	17.60%	41.93%	15.80%	1.00	1.01	1.00	\$61.09	17.98%	41.32%	15.61%



ACTUARIAL CERTIFICATION FEDERAL ACTUARIAL VALUE ADJUSTMENT VERMONT EXCHANGE Gold 3 HDHP Plus Silver 2 HDHP Plus Silver 2 HDHP Plus II

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2023 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 204,000 covered MVP commercial members. The data reflects claims paid for 2019 incurred dates, paid as of December 31st, 2021. MVP combines data from all its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

The methodology of MVP's benefit pricing tool is consistent with the methodology underlying the Federal calculator with regard to the following factors: continuance tables that reflect membership enrolled for a full 12 months, out of network costs are not considered in the actuarial values, and the model reflects the anticipated utilization of the standard population buying products at these metal levels without consideration for induced demand.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold 3 HDHP Plus were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Aggregate Family Deductible

Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus and Silver 2 HDHP II Plus were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 73%, 77% and 87% cost-sharing reduction plans were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Silver 2 HDHP Plus 94% cost-sharing reduction plan was determined to not fit the Federal Calculator:

Safe harbor prescription drug benefits excluded from the plan deductible

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

Plan Description	MVP determined AV	Federal AV before/after adjustment
Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	79.81%	79.33%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	79.39%	78.91%
Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	67.92%	69.83%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	69.96%	71.93%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	70.04%	71.80%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	71.77%	73.57%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	74.38%	75.97%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	75.42%	77.03%
Silver 2 HDHP Plus 87% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	84.95%	87.71%
Silver 2 HDHP Plus 87% CSR including the secondary Rx OOP max and the safe harbor drug benefit	85.03%	87.79%
Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit	91.51%	94.29%
Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit	91.52%	94.30%
Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	67.84%	69.75%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	69.90%	71.87%

Actuarial Adjustment factor for Gold 3 Plan: 0.9947 = 79.39% / 79.81%Final Federal AV for Gold 3 Plan: $79.33\% \times 0.9947 = 78.91\%$

Actuarial Adjustment factor for Silver 2 Plan: 1.0300 = 69.96% / 67.92%

Final Federal AV for Silver 2 Plan: $69.83\% \times 1.0300 = 71.93\%$

Actuarial Adjustment factor for Silver 2 73% Plan: 1.0247 = 71.77% / 70.04%

Final Federal AV for Silver 2 73% Plan: 71.80% x 1.0247 = 73.57%

Actuarial Adjustment factor for Silver 2 77% Plan: 1.0140 = 75.42% / 74.38%

Final Federal AV for Silver 2 77% Plan: 75.97% x 1.0140 = 77.03%

Actuarial Adjustment factor for Silver 2 87% Plan: 1.0009 = 85.03% / 84.95%

Final Federal AV for Silver 2 87% Plan: 87.71% x 1.0009 = 87.79%

Actuarial Adjustment factor for Silver 2 94% Plan: 1.0001 = 91.52% / 91.51%

Final Federal AV for Silver 2 94% Plan: 94.29% x 1.0001 = 94.30%

Actuarial Adjustment factor for Silver 2 II Plan: 1.0304 = 69.90% / 67.84%

Final Federal AV for Silver 2 II Plan: 69.75% x 1.0304 = 71.87%

CERTIFICATION

I, Christopher Pontiff, Senior Leader, Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and an Associate of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2023 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

The final actuarial values reported for each of these benefit plans, those from the Federal Calculator alone, and the adjusted plans, meet the required actuarial values for each respective metal level as outlined in 45 CFR 156.140(b).

Christopher Pontiff, ASA, MAAA

Senior Leader, Actuarial Services

MVP Health Care

3/9/2022

Date

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗌	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contr	ibution Amount:		15	Tier Utilization:	2-12			
Use Separate MOOP for Medical and Drug Spending?		Ailitual Colle	ibution Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Bronze ▼			_						
	Tie	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$7,250.00	\$700.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%								
MOOP (\$)	\$8,4	00.00								
MOOP if Separate (\$)										
		-			1	-	er 2		Tier 1	T
Click Here for Important Instructions	0.11		er 1		6.1.		W-100		Her 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible
Medical	✓ All	☐ AII			✓ All	✓ All		-	□AII	All
Emergency Room Services	✓	V			✓	V				H
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	v			~	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-										
rays)	•			\$40.00	✓	✓			•	
Specialist Visit	✓			\$100.00	✓	✓			•	
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	2007		£40.00	(parties				1 <u></u> -	
Services	•			\$40.00	~	✓			✓	
Imaging (CT/PET Scans, MRIs)	₹	•			✓	✓				
Speech Therapy	✓	•			✓	▽				
	v	•			~	~				П
Occupational and Physical Therapy	¥	•			<u> </u>	<u>•</u>				U.
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓				✓	✓				
X-rays and Diagnostic I maging	✓				✓	✓				
Skilled Nursing Facility	✓				✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•				✓	✓				
Outpatient Surgery Physician/Surgical Services	V				✓	✓				
Drugs	☐ All	All			✓ All	✓ All			□All	All
Generics				\$19.50	~	~				
Preferred Brand Drugs	V			\$100.00	✓	✓			V	
Non-Preferred Brand Drugs	V	~			✓	✓				
Specialty Drugs (i.e. high-cost)	✓	~			✓	✓				
Options for Additional Benefit Design Limits:	9		Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	[MVP VT Plus] Br						
Set a Maximum Number of Days for Charging an IP Copay?	П	1	Issuer HIOS ID:	[Input Issuer HIC						
# Days (1-10):			AVC Version:	2023 1e	35 151					
Begin Primary Care Cost-Sharing After a Set Number of Visits?				- 1000						
# Visits (1-10):	_	-	Generic	\$25						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID	62						
Copays?				\$3						
# Copays (1-10):		J								
Output										
Calculate	Cusasalad Dates	C++ - d d /E00/ + -	CEO/) Calaulatina	Connected						
	62.72%	: Stariuard (58% to	65%), Calculation	ouccessiul.						
	Bronze	acific cost sharing	is applying for serv	icals) with factors	of components	overriding outs	ationt inputs for th	osa sanjicalal		
Additional Notes:	Not E. Sel vice-spi	conc cost-snarring	is applying for serv	vice(s) with rac/ pro	or components,	overnamy outpo	agent inputs for th	iose service(S)	,	

Calculation Time: 1.0391 seconds

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option:		Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗌	Tiered	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7.1111.001.0011.11			2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier										
		r 1 Plan Benefit De	Y	_		2 Plan Benefit D				
Deductible (\$)	Medical	Drug	\$9,100.00		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)		<u> </u>	\$9,100.00	-						
MOOP if Separate (\$)		ľ	\$9,100.00	_						
Moor in separate (9)			-		.		ı			
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		2010 4 1010 402
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	~	•			V	V				
All Inpatient Hospital Services (inc. MH/SUD)	•	~			V	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	V	•			~	~				
rays)										
Specialist Visit	✓	~		# V33334 V6850 #	Y	✓	Service Control of the Control of th	Market Ma		
Mental/Behavioral Health and Substance Use Disorder Outpatient	~	•			V	✓				
Services										
Imaging (CT/PET Scans, MRIs)	Y	•			<u> </u>	✓				
Speech Therapy	~	•			V	✓				
Occupational and Physical Therapy	•	•			✓	₹				
Preventive Care/Screening/Immunization	П		100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	~			_ •					
X-rays and Diagnostic Imaging	✓	V			V	<u>~</u>				
Skilled Nursing Facility	~	~	000000000000000000000000000000000000000		>	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	₽			✓	✓				
Outpatient Surgery Physician/Surgical Services	•	•			V					П
Drugs	☐ All	☐ All			✓ All	✓ All			☐ All	□ All
Generics				\$27.00	V	~				
Preferred Brand Drugs	<u> </u>	<u> </u>			· ·	_ 				
Non-Preferred Brand Drugs	✓	V			~	V				
Specialty Drugs (i.e. high-cost)	7	✓			7	✓				
Options for Additional Benefit Design Limits:		-0	Plan Description	:	*2				V.	
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] Br	onze 5					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	OS ID]					
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?				***						
# Visits (1-10):			Generic	\$35						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID	\$3						
Copays? #Copays (1-10):				\$3						
Output		J								
Calculate										
	Expanded Bronze	Standard (58% to	65%), Calculation	Successful.						
	60.00%	,	,,							
	Bronze									
Additional Notes:										
Calculation Time:	1 2852 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	ered Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	i? 🗌	Tiere	d Network Plan?	'			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1s	t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Aimaa contri	button Amount.		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_	_					
		l Plan Benefit D		_		r 2 Plan Benefit I				
Deductible (\$)	\$850.00	Drug \$350.00	Combined	_	Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)		50.00%								
MOOP (\$)		30.00%		-						
MOOP if Separate (\$)		\$1,400.00								
	4 2/222122	¥ = / · · · · · · ·							_	
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	v after deductible?
· ·	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	All All	All			✓ All	✓ All			_ All	All
Emergency Room Services	<u>v</u>			\$250.00	<u> </u>	<u> </u>			V	
All Inpatient Hospital Services (inc. MH/SUD)	V	•			✓	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-				\$20.00	V	V				
rays)	27-24			A = 00	N = 10					5=1/
Specialist Visit				\$45.00	∨	>				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$20.00	✓	✓				
Imaging (CT/PET Scans, MRIs)	V			\$400.00	V	~			V	
Speech Therapy	V			\$45.00	¥	>			7	
				\$25.00	✓	₽				
Occupational and Physical Therapy	75 55			\$23.00		<u> </u>				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$45.00	>	_			~	
X-rays and Diagnostic Imaging	~			\$80.00	✓	~			~	
Skilled Nursing Facility	Y	Y			V	<u>~</u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	~			₹	y				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$11. 2 5	>	Y				
Preferred Brand Drugs	V			\$40.00	>	V			V	
Non-Preferred Brand Drugs	¥	7			V	•				
Specialty Drugs (i.e. high-cost)	~	~			~	~				
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus]Go						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	-					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	[Input Issuer HIC 2023_1e	J3 IUJ					
Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC VEISION.	2025_16						
# Visits (1-10):			Generic	\$15						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID							
Copays?				\$1						
# Copays (1-10):										
Output										
Calculate	Calandaria C	51								
Status/Error Messages:	Calculation Successi	ui.								
Actuarial Value:	81.99%									
Metal Tier:	Gold									
Additional Natas										
Additional Notes:										
Calculation Time:	1.5859 seconds									
Draft 2023 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Option	s	Tie	ered Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗌	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		15	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Allitual Collul	button Amount.		2nc	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold ▼			_						
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit [Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$3,200.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$3,200.00							
MOOP if Separate (\$)										
Click Have for Important Instructions		Ti.	er 1			T:	er 2		Tier 1	Tier 2
Click Here for Important Instructions	Subject to	Subject to	Coinsurance, if	Conn. if	Subject to	Subject to	Coinsurance, if	Conou if	Tier 1	Her Z
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	Deductible?	Coinsurance?	different	Copay, if separate	Copay applies only	after deductible?
Medical	All	□ All	unterent	separate	✓ All	✓ All	different	separate	□ All	□ All
Emergency Room Services	V	✓			✓ All	V All				
All Inpatient Hospital Services (inc. MH/SUD)	V	▼			- -	<u>~</u>				T.
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	<u> </u>								Ш	
rays)	•	•			✓	✓				
Specialist Visit	~	✓			✓	✓				П
Mental/Behavioral Health and Substance Use Disorder Outpatient										· · · · · · · · · · · · · · · · · · ·
Services	~	•			✓	✓				
Imaging (CT/PET Scans, MRIs)	V	7			✓	✓				П
Speech Therapy	~	~			~	~		AVAVAVAVAVAVAVAVAVAVAVAVA		
	70 00				· ·				23 28	
Occupational and Physical Therapy	~	▼				✓				
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	•	•			✓	✓				
X-rays and Diagnostic Imaging	•	•			✓	✓				
Skilled Nursing Facility	✓	•			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	V			✓	✓				
Outpatient Surgery Physician/Surgical Services	•	•			✓	✓				
Drugs	☐ All	☐ All			✓ All	✓ All			All	☐ All
Generics	•			\$10.00	✓	✓			V	
Preferred Brand Drugs	✓			\$15.00	✓	✓			•	
Non-Preferred Brand Drugs	✓	•	95%		✓	✓				
Specialty Drugs (i.e. high-cost)	•	~	95%		✓	✓				
Options for Additional Benefit Design Limits:			Plan Description	: MVP VT Plus Go	ld 3 HDHP					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:		1	Plan HIOS ID:	[Input Plan HIOS						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	OS ID]					
# Days (1-10):		-	AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		_								
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	79.33%	0.9947	78.91%							
Metal Tier:	Gold	AV Adj	Final AV							
	NOTE: One or mo	re services are not	subject to the de	ductible and have	no copay. Any	service with this	cost-sharing struct	ure is covered	at 100% by the plan	in the deductible
Additional Notes:	range.									
Calculation Time:	0.2305 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗌	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	~	runtour contra	batton Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver 🔻				_					
		Plan Benefit De	Y	-		2 Plan Benefit D				
Dadudible (¢)	Medical	\$800.00	Combined		Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	\$2,000.00 50.00%	50.00%								
MOOP (\$)	50.00%	30.00%								
MOOP if Separate (\$)	\$7,000.00	\$1,450.00								
	3-7		_				1			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Time of Bosofit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Canananalias auto	aft an ala divatible
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductible
Medical	✓ All	AII			✓ All	✓ All			☐ AII	All
Emergency Room Services	✓			\$400.00	✓	₹			V	
All Inpatient Hospital Services (inc. MH/SUD)	✓	•			~	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X- rays)	•			\$35.00	✓	✓			•	
Specialist Visit	✓			\$60.00		✓			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	•			\$35.00	✓	✓			✓	
Imaging (CT/PET Scans, MRIs)	₹			\$1,400.00	>	✓			V	
Speech Therapy	✓			\$60.00	✓	✓			V	
Occupational and Physical Therapy	•			\$45.00	✓	✓			✓	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>			\$60.00	7				V	
X-rays and Diagnostic Imaging	✓			\$150.00	V	✓			V	
Skilled Nursing Facility	₹	•			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$1,400.00	✓	☑			•	
Outpatient Surgery Physician/Surgical Services	✓			\$300.00	~	✓			V	
Drugs	✓ All	☐ AII			✓ All	✓ All			☐ AII	☐ All
Generics	•			\$4.00	V	✓			V	
Preferred Brand Drugs	⊻	•			<u>~</u>	∵				
Non-Preferred Brand Drugs	₹	V			>	✓				
Specialty Drugs (i.e. high-cost)	~	✓			~	✓				
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] Re		11				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	and the same of th					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	נטו צכ					
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC Version:	2023_1e						
# Visits (1-10):			Generic	\$5						
Begin Primary Care Deductible/Coinsurance After a Set Number of	V		VBID	V 5						
Copays?				\$1						
# Copays (1-10):	3									
Output										
Calculate	Calaulatian Commercia	E.1								
	Calculation Success 71.92%	iui.								
	71.92% Silver									
	NOTE: Service-spec	fic cost-sharing i	is applying for sen	vice(s) with fac/pro	of components	overriding outo:	atient inputs for th	ose service(s)		
Additional Notes:	service spec	ne cost sharing i	o obbiting for ser	rice(s) with racy pro	on components,	overname outpo	acar inputs for th	ose service(s)		
Calculation Time:	1.0156 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗌	Tiere	d Network Plan	P			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	hutian Amount.		1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contri	bution Amount:		2nc	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼									
	Tier 1	Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,100.00	\$850.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$7,000.00	\$1,400.00								
Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
Check there for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	TIEL I	TICI Z
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible?
Medical	✓ All	All	unterent	separate	✓ All	✓ All	unicient	Separate	□ All	☐ All
Emergency Room Services	V			\$400.00	<u> </u>	V			<u> </u>	
All Inpatient Hospital Services (inc. MH/SUD)	•	<u> </u>		Ş+00.00	<u> </u>	<u> </u>				H
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-										
rays)	•			\$30.00	✓	✓			✓	
Specialist Visit	•			\$60.00	V	7			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	•			\$30.00	~	✓			✓	
Imaging (CT/PET Scans, MRIs)	7			\$1,400.00	✓	V			V	
Speech Therapy	<u> </u>			\$60.00		<u> </u>			V	П
Occupational and Physical Therapy	•			\$45.00	✓	✓			✓	
Preventive Care/Screening/Immunization	П		100%				100%	\$0.00		
Laboratory Outpatient and Professional Services				\$60.00	V	<u>~</u>			~	П
X-rays and Diagnostic Imaging				\$150.00	<u> </u>	[V]			7	
Skilled Nursing Facility		•			V	<u> </u>				
				44 400 00						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$1,400.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	Y			\$300.00	V	✓			V	
Drugs	✓ All	☐ All			✓ All	✓ All			☐ All	All
Generics	¥			\$4.00	~	✓			~	
Preferred Brand Drugs	Y	✓			v	✓				
Non-Preferred Brand Drugs	•	✓			✓	~				
Specialty Drugs (i.e. high-cost)	7	✓			V	~				
Options for Additional Benefit Design Limits:			Plan Description	: MVP VT Plus Silv	er 1					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	SID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	OS ID]					
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):			Generic	\$5						
Begin Primary Care Deductible/Coinsurance After a Set Number of	✓		VBID							
Copays?				\$1						
# Copays (1-10):	3									
Output										
Calculate										
,	Calculation Successf	ul.								
	71.94%									
Metal Tier:	Silver									
	NOTE: One or more									in the deductible
Additional Notes:	range. NOTE: Service	e-specific cost-s	haring is applying	for service(s) with	fac/prof comp	onents, overridi	ng outpatient input	s for those se	rvice(s).	
Calculation Time:	0.1289 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	s	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗌	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Funitual Contri	oution ranount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		r 1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$1,300.00	\$450.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP(\$)		64 400 00				1				
MOOP if Separate (\$)	\$5,500.00	\$1,400.00	J				I			
Click Here for Important Instructions		Tie	or 1			т:	er 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	ner 1	Hei Z
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible?
Medical	✓ All	□ All	unierent	зератате	✓ All	✓ All	different	зерагате	□ All	All
Emergency Room Services	V All			\$350.00	V ///	V A			V	
All Inpatient Hospital Services (inc. MH/SUD)	<u>·</u>	<u> </u>		\$330.00	V	<u>v</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-		•		- 24						
rays)	~			\$30.00	~	✓			✓	
Specialist Visit	✓			\$60.00	V	✓			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient						- Lind				
Services	~			\$30.00	~	✓			✓	
Imaging (CT/PET Scans, MRIs)	~			\$1,400.00	~	✓			~	П
Speech Therapy	7	T T		\$60.00	· •				•	П
					TOTAL TOTAL TOTAL					
Occupational and Physical Therapy	✓			\$45.00	✓	✓			~	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~			\$60.00	· ·	✓			~	
X-rays and Diagnostic Imaging	V			\$150.00	V	✓			~	
Skilled Nursing Facility	•	7			y	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$1,400.00	✓	✓			V	
Outpatient Surgery Physician/Surgical Services	•			\$300.00	•	✓			✓	
Drugs	☐ All	☐ All			✓ All	✓ All			☐ AII	All
Generics	~			\$4.00	~	✓			~	
Preferred Brand Drugs	•	•			V	✓				
Non-Preferred Brand Drugs	v	~			v	✓				
Specialty Drugs (i.e. high-cost)	>	v			V	▽				
Options for Additional Benefit Design Limits:			Plan Description	:					V.	•
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus]Silv	ver 1 73 CSR					
Specialty Rx Coinsurance Maximum:		_	Plan HIOS ID:	[Input Plan HIOS	ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	OS ID]					
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):		1	Generic	\$5						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID	4.0						
Copays?				\$1						
# Copays (1-10):]								
Output										
Calculate	CCD 11 - 5 720/	(200 2500/ 50)	In the control	Side 1						
Status/Error Messages:	73.58%	(200-250% FPL), Ca	ilculation Successf	ui.						
Actuarial Value: Metal Tier:	73.58% Silver									
ivietal fiel.		ocific cost shariss:	is applying for se-	vice(s) with fac/pro	of components	overriding out	ationt innerts for th	oso socien/-\		
Additional Notes:	NOTE. Service-spe	conc cost-snaring i	is applying for ser	vice(s) with rac/pro	o components,	overnuing outpa	acient inputs for th	use service(s)	•	
Calculation Time:	0.8242 seconds									

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? □	Tiered Network Plan? □
Annual Contribution Amount:	1st Tier Utilization:
Annual Contribution Amount.	2nd Tier Utilization:

Desired Metal Tier Silver ▼

	Tie	r 1 Plan Benefit Des	sign
	Medical	Drug	Combined
Deductible (\$)	\$700.00	\$250.00	
Coinsurance (%, Insurer's Cost Share)	70.00%	60.00%	
MOOP (\$)			
MOOP if Separate (\$)	\$5,500.00	\$1,400.00	

Tier 2 Plan Benefit Design									
Medical	Drug	Combined							

Click Here for Important Instructions	Tier 1				Т	Tier 1	Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☑ All	□ All			☑ All	☑ All			☑ All	□ All
Emergency Room Services	☑			\$100.00	☑	☑			☑	
All Inpatient Hospital Services (inc. MH/SUD)	Ø	Ø			☑	Ø				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑			\$10.00	☑	☑			☑	•
Specialist Visit	☑			\$40.00	☑	☑			☑	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Ø			\$10.00	☑	☑			☑	
Imaging (CT/PET Scans, MRIs)	☑			\$500.00	✓	☑			☑	
Speech Therapy	☑			\$40.00	✓	☑			Ø	
Occupational and Physical Therapy	☑			\$15.00	Ø	✓			☑	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	☑			\$40.00	☑	☑			⊌	
X-rays and Diagnostic Imaging	☑			\$100.00	☑	3			⊴	
Skilled Nursing Facility	N	2			☑	•				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑			\$800.00	☑	☑			☑	
Outpatient Surgery Physician/Surgical Services	☑			\$200.00	☑	☑			☑	
Drugs	□ All	□ All			☑ All	☑ All			□ All	□ All
Generics	V			\$4.00	✓				☑	
Preferred Brand Drugs	☑	☑		·	✓	☑				
Non-Preferred Brand Drugs	V	 ✓			☑					
Specialty Drugs (i.e. high-cost)	☑	✓			✓	✓				

Specialty Drugs (i.e. high-cost)

Options for Additional Benefit Design Limits:

_	П	Set a Maximum on Specialty Rx Coinsurance Payments?
		Specialty Rx Coinsurance Maximum:
3		Set a Maximum Number of Days for Charging an IP Copay?
		# Days (1-10):
]		Begin Primary Care Cost-Sharing After a Set Number of Visits?
		# Visits (1-10):
⊴	Ø	Begin Primary Care Deductible/Coinsurance After a Set Number of
		Copays?
2		# Conavs (1-10):

Plan Description:

[MVP VT Plus] Silver 1 CSR 77 Plan HIOS ID: [Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID] AVC Version: 2023_1e Generic \$5

VBID

Output

Status/Error Messages: Calculation resolved without matching metal tiers.

Actuarial Value: 78.89% Metal Tier: Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

\$1

Additional Notes:

Calculation Time: 0.9219 seconds

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	3	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emple	oyer Contribution	? 🗌		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		r 1 Plan Benefit De	cian		Tion	2 Plan Benefit I	Docian			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$200.00	\$200.00	Combined		Wiedicar	Diug	combined			
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%								
MOOP(\$)				ī						
MOOP if Separate (\$)	\$2,600.00	\$700.00		_						
			7							
Click Here for Important Instructions		Tie	(20 11)				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	✓ All	□ AII			✓ All	✓ All			☐ AII	All
Emergency Room Services				\$50.00	~	<u>v</u>			<u> </u>	
All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	▼	✓			~	✓				
rays)	~			\$5.00	✓	✓			✓	
Specialist Visit	•			\$30.00	•	V			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	· ·									
Services	•			\$5.00	~	✓			✓	
Imaging (CT/PET Scans, MRIs)	V			\$100.00	V	✓			V	
Speech Therapy	v			\$30.00	V	✓			V	
	•			\$7.00	V	▽			V	
Occupational and Physical Therapy	gamm — 2020000000000 — 2000000000									
Preventive Care/Screening/Immunization			100%	\$0.00		무	100%	\$0.00		
Laboratory Outpatient and Professional Services	<u>></u>			\$30.00	V	y			•	
X-rays and Diagnostic I maging Skilled Nursing Facility	Y			\$30.00	<u>v</u>	✓				H
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>			\$200.00	~	✓			V	
Outpatient Surgery Physician/Surgical Services	Y			\$100.00	V	✓			•	
Drugs	☐ All	☐ AII			✓ All	✓ All			☐ AII	All
Generics	•			\$4.00	_	<u>~</u>			Y	
Preferred Brand Drugs	>	<u> </u>	80%		<u> </u>	<u>~</u>				
Non-Preferred Brand Drugs	>	<u> </u>			<u> </u>	<u> </u>				<u> </u>
Specialty Drugs (i.e. high-cost)	✓	✓	n. n	5	✓	✓				
Options for Additional Benefit Design Limits:		1	Plan Description:		1 07 CCD					
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	[MVP VT Plus]Silv [Input Plan HIOS						
Set a Maximum Number of Days for Charging an IP Copay?		-	Issuer HIOS ID:	[Input Issuer HIC						
# Days (1-10):			AVC Version:	2023 1e	05 10]					
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П		7.7.0	2020_20						
# Visits (1-10):	_		Generic	\$5						
Begin Primary Care Deductible/Coinsurance After a Set Number of	~		VBID							
Copays?				\$1						
# Copays (1-10):	3									
Output										
Calculate Status (Error Mossages)	CSP Lovel of 070/	/150 2000/ EDI \ C-	Iculation Cores f							
	87.78%	(150-200% FPL), Ca	iculation Successf	ui.						
Metal Tier:	67.78% Gold									
		ecific cost-sharing i	s anniving for sen	rice(s) with fac/orc	of components	overriding outo	atient inputs for th	nse service(s)		
Additional Notes:	sei vice-spi	conte cose snamig i	s applying for serv	weday with racy pro	. components,	overname outp	occurringuis for th	ose service(s).		
Calculation Time:	0.5391 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network Op	ption			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🔲	Tiere	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantai	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	~	Annual Contri	bution Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~				7					
Desired Metal Tier	Platinum 🔻			20	0		33.00			
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	95.00%	60.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$1,650.00	\$550.00								
	0									
Click Here for Important Instructions			er 1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
2	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	All	☐ All			✓ All	✓ All			☐ All	All
Emergency Room Services				\$25.00	✓	✓				
All Inpatient Hospital Services (inc. MH/SUD)		~			~	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-				\$5.00	✓	✓				
rays)				¢10.00		_ _				
Specialist Visit				\$10.00	✓					
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$5.00	✓	✓				
Imaging (CT/PET Scans, MRIs)				\$25.00	V	V				
Speech Therapy				\$10.00	~	▽				
				47.00	~					
Occupational and Physical Therapy				\$7.00	<u> </u>	₩.				L
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$10.00	<u>~</u>	▽				
X-rays and Diagnostic Imaging				\$10.00	~	<u>~</u>				
Skilled Nursing Facility		V			<u> </u>	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$45.00	✓					
Outpatient Surgery Physician/Surgical Services				\$20.00	v	✓				
Drugs	□ All	☐ All		\$20.00	✓ All	✓ All			□ AII	□ All
Generics				\$4.00	~	✓				
Preferred Brand Drugs		<u> </u>		V1.00	<u>.</u>	<u> </u>				
Non-Preferred Brand Drugs		V			· ·	<u>.</u>				ā
Specialty Drugs (i.e. high-cost)		V			7	V				· · · · · · · · · · · · · · · · · · ·
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	ľ	Name:	[MVP VT Plus]Silv	ver 1 94 CSR					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS						
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:	[Input Issuer HIC	And the same of th					
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П			- 100 m						
# Visits (1-10):			Generic	\$5						
Begin Primary Care Deductible/Coinsurance After a Set Number of	П		VBID							
Copays?				\$1						
# Copays (1-10):										
Output		L.								
Calculate										
Status/Error Messages:	CSR Level of 94% (100-150% FPL), Ca	alculation Successf	ul.						
	94.33%									
Metal Tier:	Platinum									
	NOTE: Service-spe	cific cost-sharing	is applying for serv	vice(s) with fac/pro	of components,	overriding outpa	atient inputs for th	ose service(s)		
Additional Notes:	111 253		000000000000000000000000000000000000000	no se Rollini co Mari						
Calculation Time:	0.5508 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗌		d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?	_				2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
Desired Metal Fier		r 1 Plan Benefit De	ocian		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	- Incure	2.1.8	\$5,525.00		THE GREAT	2148				
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$5,525.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?		separate	Copay applies only	after deductible:
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	~	✓			✓	Y				
All Inpatient Hospital Services (inc. MH/SUD)	v	~			~	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	•	✓			✓	v				
rays)	24-25				N==0				37.775	
Specialist Visit	V	✓			✓	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	•	•			✓	•				
Services (CT/OST C MAN)										
Imaging (CT/PET Scans, MRIs)	V	V			₹ .	<u> </u>				
Speech Therapy	✓	V			✓	Y				
Occupational and Physical Therapy	•	~			~	•				
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	V	₹			✓	V				
X-rays and Diagnostic Imaging	~	~			✓	~				
Skilled Nursing Facility	v	✓			✓	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			₩.	V				
Outpatient Surgery Physician/Surgical Services	v	•			✓	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics	v	•			>	>				
Preferred Brand Drugs	V	V			✓	V				
Non-Preferred Brand Drugs	V	V			✓	V				
Specialty Drugs (i.e. high-cost)	~	✓			V	V				
Options for Additional Benefit Design Limits:		1	•	: MVP VT Silver 2	HDHP Reflective	II				
Set a Maximum on Specialty Rx Coinsurance Payments?			Name: Plan HIOS ID:	[Innut Dian IIIO	C ID1					
Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?		-	Issuer HIOS ID:	[Input Plan HIOS [Input Issuer HIOS	-					
# Days (1-10):			AVC Version:	2023 1e	03 10]					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		-	Ave version.	2025_10						
# Visits (1-10):		-								
Begin Primary Care Deductible/Coinsurance After a Set Number of	_									
Copays? #Copays (1-10):										
Output # Copays (1-10).		J								
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	69.75%	1.0304	71.87%							
Metal Tier:	Silver	AV Adj	AV Final							
		-		ductible and have	no copay. Any s	service with this	cost-sharing struc	ture is covered	at 100% by the plar	in the deductible
Additional Notes:	range.		•		,		5			
Calculation Time:	0.1875 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s		ered Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	i? 🗌		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	ibution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 illiaul collei	ibution/infount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		er 1 Plan Benefit D				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,500.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$5,500.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Ti	er 1			т	ier 2		Tier 1	Tier 2
Click Here for Important histractions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	TIEL I	Tiel Z
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	•	~			V	V				
All Inpatient Hospital Services (inc. MH/SUD)	•	~			~	Y				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-					-	_				
rays)	✓	•			~	~				
Specialist Visit	•	•			V	•				
Mental/Behavioral Health and Substance Use Disorder Outpatient		—			_	_				
Services	•	•			~	~				
Imaging (CT/PET Scans, MRIs)	V	•			V	v				
Speech Therapy	•	•			7	V				
Occupational and Physical Therapy	V	•			V	✓				
Preventive Care/Screening/Immunization	П		100%				100%	\$0.00	N	
Laboratory Outpatient and Professional Services	~	7	10070		V	<u> </u>	10070	00.00		
X-rays and Diagnostic Imaging	V	7			7	V				
Skilled Nursing Facility	V	<u> </u>			~	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	✓			<u>~</u>	✓				
Outpatient Surgery Physician/Surgical Services	•	•			V	7				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics	•	₹			7	7				
Preferred Brand Drugs	V	₹			· ·	<u>.</u>				
Non-Preferred Brand Drugs	₹	V			<u>.</u>	<u>.</u> V				
Specialty Drugs (i.e. high-cost)	v	✓				<u>.</u>				П
Options for Additional Benefit Design Limits:			Plan Description	: MVP VT Plus Silv	_	1-1				
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:							
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID1					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	-					
# Days (1-10):			AVC Version:	2023 1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1		_						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:	Calculation Succe	secful								
Actuarial Value:	69.83%	1.03	71.92%							
Metal Tier:	Silver	AV Adj	AV Final							
IVICIAI IICI.				ductible and have	no consv. Anv	carvica with this	cost-sharing struc	ture is covere	d at 100% by the plai	n in the deductible
A deltate and Manage	range.	ore services are 110	t subject to the de	uucable anu nave	no copay. Any	service with this	COSC-SHALING SHUC	ture is covered	a at ±00 /o by the plai	i iii die deductibli
Additional Notes:	runge.									
Calculation Time:	0.2149 seconds									
	LL / LAX Seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	i? 🗌	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Ammuni Cambui	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		r 1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,850.00							
Coinsurance (%, Insurer's Cost Share)			100.00%	_						
MOOP (\$)			\$4,850.00							
MOOP if Separate (\$)							l			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible?
Medical	✓ All	✓ All		·	✓ All	✓ All		·	☐ All	All
Emergency Room Services	~	~			✓	✓				
All Inpatient Hospital Services (inc. MH/SUD)	>	~			~	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-					-					
rays)	~	•			✓	✓				
Specialist Visit	•	~			V	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient		-								
Services	>	•			~	✓				
Imaging (CT/PET Scans, MRIs)	>	V			V	₹				
Speech Therapy	Y	•			✓	₹				
Occupational and Discount Theorem	•	✓			✓	✓				
Occupational and Physical Therapy Preventive Care/Screening/Immunization		П	100%				100%	\$0.00	***	
Laboratory Outpatient and Professional Services	7	V	100%		V	~	100%	\$0.00		
X-rays and Diagnostic Imaging	?	₹				<u>~</u>				
Skilled Nursing Facility	·	₹			V	~				H
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	•	V			~	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics	¥	V			V	✓				
Preferred Brand Drugs	V	V			✓	₹				
Non-Preferred Brand Drugs	¥	¥			✓	✓				
Specialty Drugs (i.e. high-cost)	~	•			~	✓				
Options for Additional Benefit Design Limits:		1	•	: MVP VT Plus Silv	er 2 HDHP CSR 1	73				
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:	[Input Plan HIOS						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID: AVC Version:	[Input Issuer HIC 2023_1e	נטו צכ					
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		-	AVC version:	2023_1e						
# Visits (1-10):	Ш									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	-								
Copays?										
# Copays (1-10):										
Output		J								
Calculate										
Status/Error Messages:	Error: Result is ou	tside of [0, +1] pe	rcent de minimis v	ariation for CSRs.						
Actuarial Value:	71.80%	1.0247	73.57%							
Metal Tier:		AV Adj	AV Final							
	NOTE: One or mo	re services are no	t subject to the de	ductible and have	no copay. Any	service with this	cost-sharing struc	ture is covered	d at 100% by the plan	ı in the deductible
Additional Notes:	range.									
Calculation Time:	0.1562 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	5	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗌	Tiere	d Network Plan	? 🗌			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			t Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Aillidal Collai	button Amount.		2nd	l Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		r 1 Plan Benefit De	, •			2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$3,650.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$3,650.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
Circk Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	TICI I	TICL Z
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?		separate	Copay applies only	after deductible?
Medical	✓ All	✓ All	uniciciic	Separate	✓ All	✓ All	different	Separate	☐ All	☐ All
Emergency Room Services	V	₹			<u> </u>	₹				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			V	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-										
rays)	~	✓			~	✓				
Specialist Visit	V	V			V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	•	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	V	•			V	7				П
Speech Therapy	₹	₹			<u> </u>	<u>.</u> 7				$\overline{\Box}$
Occupational and Physical Therapy	•	✓			~	~				
Preventive Care/Screening/Immunization			100%		ПП	П	100%	\$0.00		
Laboratory Outpatient and Professional Services	V	~			~	~				
X-rays and Diagnostic Imaging	7	V			V					
Skilled Nursing Facility	V	V			~	<u> </u>				<u> </u>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓			~	✓				
Outpatient Surgery Physician/Surgical Services	~	✓		ר הוצר הוצר הוצר הוצר הוצר הוצר הוצר הוצ	V	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics	V	V	Ģ		V	V				
Preferred Brand Drugs	V	✓			V	V				
Non-Preferred Brand Drugs	V	✓			V	✓				
Specialty Drugs (i.e. high-cost)	v	✓			V	7				
Options for Additional Benefit Design Limits:	•		Plan Description:	: MVP VT Plus Silv	er 2 HDHP CSR 7	77				
Set a Maximum on Specialty Rx Coinsurance Payments?		7	Name:							
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	SID]					
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	[Input Issuer HIC	OS ID]					
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):	:									
Output										
Calculate										
Status/Error Messages:	Error: Result is ou	utside of [-2, +2] pe	ercent de minimis v	variation.						
Actuarial Value:	75.97%	1.014	77.03%							
Metal Tier:		AV Adj	AV Final							
	NOTE: One or mo	re services are not	t subject to the dec	ductible and have	no copay. Any	service with this	cost-sharing struc	ture is covered	d at 100% by the plan	ı in the deductible
Additional Notes:	range.									
Calculation Time:	0.1836 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	?	Tiere	d Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1s	t Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Control	button Amount.		2nd	d Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		r 1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,500.00							
Coinsurance (%, Insurer's Cost Share)			100.00%	_						
MOOP (\$)			\$1,500.00							
MOOP if Separate (\$)										
					1					
Click Here for Important Instructions			er 1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	~	✓			~	~				
All Inpatient Hospital Services (inc. MH/SUD)	>	~			~	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-		_								
rays)	~	✓			~	~				
Specialist Visit	V	V			✓	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient	2—1				_				7—3	
Services	•	•			~	~				
Imaging (CT/PET Scans, MRIs)	¥	Y	903 903 903 903 903 903 903 903 903 903	RES 1803 1803 1803 1803 1803 1803 1803 1803	~	•				
Speech Therapy	V	?			✓	7				
	Y	•			V	~				П
Occupational and Physical Therapy	Ľ	•				<u>. </u>			Ш.	H
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	₹	V			V	V				
X-rays and Diagnostic Imaging	•	~			~	~				
Skilled Nursing Facility	>	•			V	>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			V	✓				
Outpatient Surgery Physician/Surgical Services	V	~			✓	V				
Drugs	✓ All	✓ All			✓ All	✓ All			□ All	☐ All
Generics	V	~	¢.		~	~				П
Preferred Brand Drugs	V	<u> </u>			V	<u>~</u>				
Non-Preferred Brand Drugs	V	V			7	_				
Specialty Drugs (i.e. high-cost)	V	V			₩	V				П
Options for Additional Benefit Design Limits:			Plan Description	: MVP VT Plus Silv	er 2 HDHP CSR	87				
Set a Maximum on Specialty Rx Coinsurance Payments?]	Name:							
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	S ID]					
Set a Maximum Number of Days for Charging an IP Copay?]	Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
		(150-200% FPL), Ca		ul.						
	87.71%	1.0009	87.79%							
Metal Tier:	Gold	AV Adj	AV Final							
		re services are not	subject to the de	ductible and have	no copay. Any	service with this	cost-sharing struc	ture is covered	dat 100% by the plan	in the deductible
Additional Notes:	range.									
Calculation Time:	0.1523 seconds									

Use Integrated Medical and Drug Deductible?	•		HSA/HRA Option	s	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗌	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1s	t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Affilial Contril	oution Amount:		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Platinum ▼			_						
	Tie	r 1 Plan Benefit De	sign		Tier	r 2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$550.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$550.00							
MOOP if Separate (\$)				_						
eritu. 6 i										
Click Here for Important Instructions		Tie		- "			er 2	- "	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies onl	y after deductible?
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	□ All
Emergency Room Services	<u>v</u>	✓			✓	·				
All Inpatient Hospital Services (inc. MH/SUD)	·	<u> </u>			<u> </u>	v				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	<u> </u>	<u> </u>								
rays)	•	~			✓	~				
	V	V								
Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient	Y	<u> </u>			Ψ.	Ψ.			<u> </u>	
	•	•			~	V				
Services										
Imaging (CT/PET Scans, MRIs)	<u> </u>	V			V	V				
Speech Therapy	V	V			Z	V				
Occupational and Physical Therapy	•	~			V	~				
Preventive Care/Screening/Immunization		П	100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	v	~	10070		~	V	10070	\$0.00		
X-rays and Diagnostic Imaging	₹	✓			· ·	✓				
Skilled Nursing Facility	v	V			V	V			П	T T
James 14013111g 1 dunity	<u> </u>	<u> </u>				<u> </u>				<u> </u>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			•	~				
Outpatient Surgery Physician/Surgical Services	V	•			✓	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics	Y	Y			✓	v				
Preferred Brand Drugs	~	V			✓	✓				
Non-Preferred Brand Drugs	7	7			₹	✓				
Specialty Drugs (i.e. high-cost)	7	7			✓	✓				
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?]	Name:	[MVP VT Plus] Si	lver 2 CSR 94					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	SID]					
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	[Input Issuer HIC	OS ID]					
# Days (1-10):			AVC Version:	2023_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		-								
Calculate										
Status/Error Messages:	CSR Level of 94%	(100-150% FPL), Ca	Iculation Successf	ul.						
Actuarial Value:	94.29%		94.30%							
Metal Tier:	Platinum	AV Adj	Final AV							
		-		ductible and have	no copay. Anv	service with this	cost-sharing strue	ture is covered	at 100% by the pla	n in the deductible
Additional Notes:	range.		,		, .,,				-, più	
Additional Notes.	J									
Calculation Time:	1.8008 seconds									
Draft 2023 AV Calculator										

User Inputs for Plan Parameters

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan? □
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier ______ Eronwe ▼

	Tier	r 1 Plan Benefit Des	sign
	Medical	Drug	Combined
Deductible (\$)			\$9,100.00
Coinsurance (%, Insurer's Cost Share)			100.00%
MOOP (\$)			\$9,100.00
MOOP if Separate (\$)			

Tier	2 Plan Benefit D	esign
Medical	Drug	Combined

Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			□ All	□ All
Emergency Room Services	☑	Ø			✓	✓				
All Inpatient Hospital Services (inc. MH/SUD)	Ø	⊿			✓	☑				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			_	
Specialist Visit	J				✓	☑				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	5	Ø			☑	₫				
Imaging (CT/PET Scans, MRIs)	☑	☑			✓	☑				
Speech Therapy	Ø	Ø			✓	☑				
Occupational and Physical Therapy	☑	☑			☑	☑			_	
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	☑	✓			✓	✓				
X-rays and Diagnostic Imaging	☑	₹			☑	✓				
Skilled Nursing Facility	Ŋ	☑			☑	☑				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ø	☑			☑				п	
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑				
Drugs	□ All	□ All			☑ All	☑ All			□ All	☐ All
Generics	☑	☑			☑	☑				
Preferred Brand Drugs	☑	☑			☑	☑				
Non-Preferred Brand Drugs	☑	☑			☑	☑				
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑				

Options for Additional Benefit Design Limits:

		Set a Maximum on Specialty Rx Coinsurance Payments?
		Specialty Rx Coinsurance Maximum:
		Set a Maximum Number of Days for Charging an IP Copay?
		# Days (1-10):
		Begin Primary Care Cost-Sharing After a Set Number of Visits?
		# Visits (1-10):
	Ø	Begin Primary Care Deductible/Coinsurance After a Set Number of
		Copays?
2		# Consus (1-10):

Plan Description:

Name: [MVP VT] Secure
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.

Actuarial Value: 62.47%

Metal Tier:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible

Additional Notes: range.

Calculation Time: 1.6836 seconds

Certification of Compliance

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President

Signature: M 1 Int Date: 05/06/2022